Congratulations Carol Bonar!
Carol Bonar Receives 2010 St. Clare Award

The Sisters of St. Francis of Sylvania, OH have selected Carol Bonar of Steubenville, OH to receive the 2010 St. Clare Award for her unique and exemplary contributions to society and for modeling Franciscan values in her everyday life.

She was honored for her achievements at the Sylvania Franciscan Gala on September 25 at the Franciscan Center of Lourdes College. Carol is an Active member of ASET and has served as ASET Historian since 1984.

Bonar, Director of the neurovascular laboratory for Trinity Health System, has a “never-ending passion for the mission and values of the Sylvania Franciscans and shows it in everything she does. Whether it is with her co-workers, hospital volunteers, the Steubenville civic community or her family, her enthusiasm for what she believes in is contagious. She is a truly joyful servant among all people. Her list of activities of giving back to those less fortunate includes dozens of organizations over the last 30 years.” Whether it is serving as the chair of the Trinity March of Dimes – which she has done for the past 10 years – or organizing the hospital Christmas “Adopt A Family” project – which she has done for the past 20 years – Bonar never wants any attention drawn to herself. “Instead, she always shines a bright light on all the people who step up and make these events successful. She considers herself a friend and companion on the journey of life and has come to know many people through her generous heart and sense of service, integrity and stewardship.”

Founded in Sylvania in 1916, the Sisters of St. Francis live in the spirit of Francis of Assisi as joyful servants and messengers of peace, committed to work that gives reverence to human dignity, embraces the poor and marginalizes and respects the gift of creation.
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Our Mission

The American Society of Electroneurodiagnostic Technologists, Inc. [ASET] provides leadership, advocacy and resources that promote professional excellence and quality patient care in neurodiagnostics. As a membership organization, ASET advances the field of neurodiagnostics by serving member needs, defining and endorsing standards of practice, providing innovative educational opportunities, promoting the profession and building coalitions in allied health and other communities of interest.
Hello to All!

As the beautiful weather of fall is all around us, I find myself reflecting on a year filled with as many changes as the colored leaves that carpet the floor of the woods that encircle my house. One of the most exciting changes I would like to share with you is the launch of our new Grassroots Campaign! The mission of the Grassroots Campaign is to create and maintain a nationwide network of collaborative information sharing among neurodiagnostic professionals, students, and other related medical and allied health professionals. The four components of the Grassroots Campaign are:

1. Increase and improve intra- and intercommunication among local, state and regional neurodiagnostic societies and ASET, and develop collaborative and mutually supportive activities and programming;
2. Provide resources and support to local technologists who have an interest in forming and developing a neurodiagnostic society in states where no local society currently exists;
3. Build a nationwide communications network by conducting a “census” of all individuals in the field performing neurodiagnostic testing; and
4. Disseminate critical information quickly through the nationwide communications network on such “Hot Topic Communications” as state legislative and regulatory actions that may have an impact on the profession, affect the ability to practice, or qualify testing for reimbursement.

To learn more about the Grassroots Campaign, and how you can personally help to build the nationwide network by contributing to the CENSUS PROJECT, please visit the Grassroots tab under Advocacy on the ASET website.

As a part of the Grassroots Campaign, I may soon be traveling to a meeting near you! A few weeks ago I spoke on Licensure and the Grassroots Campaign at the Southern Society meeting in Myrtle Beach, South Carolina. I made some wonderful new friends and heard some very high-level talks in our field. After the meeting was over, a great social event unfolded, reminding me of some of the memorable events I have experienced on the west coast with the WSET team. In a few weeks (Saturday, November 6) I will be traveling to Davenport, Iowa to talk at the IAET Annual meeting, and on Saturday, November 13th I will be speaking at the Indiana Society meeting in Indianapolis, Indiana and then traveling to speak at the Illinois Society meeting in Oak Lawn, Illinois later that same day. If these meetings are in your neighborhood, I sure hope to see you there! If you would like me to talk at your local or regional Society meeting, ask your President to let me know! I would love to come and meet you all and to share the commitment of the ASET Board of Trustees and Executive office to build our communications bridge right to your own front door. I hope to see you soon!

Leisha Osburn,  
R. EEG/EP T., CNIM, CLTM, DABNM, MS  
ASET President
While summer typically is a time for many to take a vacation, albeit all too brief in most cases, this past season more than 135 ASET member volunteers and the ASET staff have been busy as a bee and burning the midnight oil on projects aimed at advancing quality patient care by promoting the highest clinical standards and practices for neurodiagnostics, and advocating for education, training, and professional development of neurodiagnostic technologists. The following is an overview of the projects and programs that are now complete, next in line to be released, and what is still to come.

The best example of how ASET is hard at work to advance quality patient care by promoting the highest clinical standards and practices for neurodiagnostics is the work nearing completion by our Standards & Practices Committee and its Quality Workforce, Job Descriptions, Competency Review/Update, and Career Ladder task forces. Under the purview of the committee a new Scope of Practice document has been completed. The new Scope of Practice defines new practice levels for the field. Supporting the new Scope of Practice document will be updated, revised, and new job descriptions for all modalities of neurodiagnostics and their associated levels of practices, including job descriptions for neurodiagnostic educators and clinical site instructors. Also supporting the new Scope of Practice will be updated competencies for all of the neurodiagnostic specialties. Both the job descriptions and competencies are currently under review and comment by stakeholders. The last component supporting the new Scope of Practice is the Career Ladder diagram, which will identify and define potential and multiple points of entry for each level of job description cited in the Scope of Practice. The Scope of Practice and its supporting components all will be rolled out as part of a nationwide public education campaign during Neurodiagnostics Week 2011.

The best current example of how ASET is advocating for education, training, and professional development of neurodiagnostic technologists is the work now completed by the Quality Workforce Task Force to develop a clinical site database. ASET strongly supports individuals interested in pursuing a career in neurodiagnostics to have the option of enrolling in established distance education neurodiagnostic programs. If your lab would be interested in becoming a clinical site, and to learn more about the clinical site database program, please visit the ASET website.

If you haven’t browsed the ASET website recently, I encourage you to do so. A lot of new content has now been added, including a general public guide to neurodiagnostic testing; information on a career as a neurodiagnostic technologist; history of the profession and the Society; listings and links to local, state and regional neurodiagnostic societies; and a new online calendar featuring information and links on upcoming events.

Speaking of upcoming events, ASET’s weekly webinar series has started up again. Beginning September 8 and running through November 17, a new one-hour webinar will be offered every Wednesday at noon central. For the complete list of webinar topics coming up CLICK HERE. Note that on November 10 we will be offering an extended webinar on basic neuroanatomy for neurodiagnostic technologists.

The next publication to be added to the ASET Store is a completely revised and updated policies and procedures reference manual for neurodiagnostic labs. The manual has been expanded to include intraoperative neuromonitoring policies. Publications after next will be the first book of the IONM reprint series and revisions and updates to ASET’s EEG Clinical Correlations series.

Now available on ASET’s online education portal is our new “IONM Board Preparation Practice Exam.” The exam is an interactive online format with a database of over 500 questions.
Each practice exam randomly extracts 250 of the questions from the questions database, and sets up an exam with a four-hour timer. The next course scheduled to be open for registration on ASET’s online education portal is IONM Troubleshooting. After next will be the first in a series of online courses for nerve conduction studies. Also after next will be ASET’s application to the American Council on Education’s College Credit Recommendation Service (CREDIT) for the purpose of obtaining college credit recommendations for the Society’s online courses. If successful in its application, the CREDIT program will give ASET’s online courses recognition within the academic community and, more important, recommend that college credits be awarded to individuals who have completed the courses. While it is up to individual colleges and universities as to whether or not to accept the Council’s credit recommendations, there is widespread acceptance of the CREDIT program. Approximately 8,000 transcripts maintained by the CREDIT program are sent to 1,400 institutions of higher education each year.

Next to be released is the 2010 salary and benefits survey instrument for the neurodiagnostics profession. The survey project is under the direction of the Quality Workforce Task Force. The survey instrument will be an online format and open to anyone in any area of the field of neurodiagnostics. The survey will include salary and benefits questions relating to professional credentials and education; geographic regions; supervisors, managers and sole technologists; and self-employed and contract/fee for service neurodiagnostic professionals. Expect to receive your invitation to participate in the survey soon. All of those who complete the survey will have access to the complete salary and benefits report at no cost.

Now fully underway is the Grassroots Campaign, with the mission of creating and maintaining a nationwide network of collaborative information sharing among neurodiagnostic professionals, students, and other related medical and allied health professionals. The four components of the Grassroots Campaign are: (1) Increase and improve intra- and intercommunication among local, state and regional neurodiagnostic societies and ASET, and develop collaborative and mutually supportive activities and programming; (2) Provide resources and support to local technologists who have an interest in forming and developing a neurodiagnostic society in states where no local society currently exists; (3) Build a nationwide communications network by conducting a “census” of all individuals in the field performing neurodiagnostic testing; and (4) Disseminate critical information quickly through the nationwide communications network on such “Hot Topic Communications” as state legislative and regulatory actions that may have an impact on the profession, affect the ability to practice, or qualify testing for reimbursement. To learn more about the Grassroots Campaign, and how you can personally help to build the nationwide network by contributing to the census project, please visit the Grassroots tab of the ASET website. Next in support of the Grassroots Campaign mission is the acquisition of new web-based legislative and regulatory tracking and grassroots advocacy tools. You should expect to see these tools up and running by fourth quarter of this year.

Now that you have this overview of what’s going on within ASET now, next, and after next, keep visiting the ASET website and watch for your “ASET Update” broadcast e-mails to find the answer to the question, “What’s Next.”
Are We There Yet?
An Explanation of our Job Listing with the Bureau of Labor and Statistics

Submitted by Faye McNall, R. EEG T., MEd

The United States government provides information about jobs in this country via the U.S. Bureau of Labor and Statistics (BLS). This occupational database was first created by the Department of the Interior in 1884, and this catalogue, which lists jobs, has been published periodically ever since. In 1995, the BLS changed the format from hard copy to an electronic database called “O*NET.” Just go to http://online.onetcenter.org/ to view the entire database, which now consists of 840 occupations.

So why is this job listing so important to our profession? Because so many people use the Internet these days, when researching career options! O*NET gets more than 1,275,000 hits per day! The biggest users of O*NET are Career Centers, School and College Libraries, Vocational Rehabilitation Centers and Human Resource Management Departments. It is vital that users be able to find “Neurodiagnostic Technologist” when seeking health care career options, if we are to reduce the chronic staff technologist shortage in the future.

In years past, when our profession was still officially called “EEG Technologist” we had a listing in the BLS catalogue, and ASET received a yearly statistical report from the BLS. After we changed the name of our profession, to END technologist, our new job title was not included in the catalogue, as a separate entity. We were listed as “Health Technologist – Other” which included many allied health occupations. The disadvantage of this is that we no longer could access statistics about how many of us are working in this field, and where in the country we work and what the average salary is for neurodiagnostic technologists.

I have been working with the Bureau of Labor and Statistics since 2007, as they prepare a database update that is taking place this year. They contacted me, to ask for my help to obtain accurate information about our jobs. The first step was to identify subject matter experts who could provide wage and demographic information from all specialties within our field, as well as an overview of typical job tasks. After providing the BLS with this list, they sent designated participants a survey about their job roles and income.

As the BLS “goes live” with the updated information, the neurodiagnostic technologist job listing has been chosen to be one of four professions highlighted under the “Health Technologist” category. This job listing also has a special icon on the listing: “Bright Outlook” which indicates that the expected job growth rate is high for this profession.

I encourage you to go to the website and browse for our profession and see how easy it is to find in a search. We are just two clicks away from the home page! Click on “Career Cluster” and “Health Science” and we appear on the list! If you enter another term, for any of our specialties, such as IONM and PSG, it will take you to our listing.

The Bureau of Labor and Statistics also has their own trade newsletter, and I was interviewed for an article in their July issue, to explain how we went through the process and how important this listing is for us. If you would like to read the article, here is the link: http://www.healthworkforceinfo.org/news/july10/mcnall.php

I think we have made significant progress for our profession with this new listing, and I wanted to share the good news.

Taylor Cox Joins ASET Staff

Effective September 14, 2010, Taylor Cox joined ASET as the newest member of the Executive Office staff. After graduating this past May from Missouri State University, Springfield, MO, with a Bachelor of Science in Business Administration degree, Taylor worked for ASET as a summer intern, where she assisted on a number of membership, marketing, and education projects. Hopefully many of you had an opportunity to meet her at the Annual Conference in Louisville, KY, where she worked the conference registration desk.

Taylor so impressed the members, leadership and management of ASET -- both as an intern and at the conference – that the decision was made to bring her on board as a full-time staff member.

Taylor’s job title is Membership Coordinator. She will be responsible for processing all new and renewed membership applications and journal subscriptions, dues and subscription invoicing, generating member reports and new member welcome packets, and providing assistance with record-keeping of the grassroots census. The processing of ACE credit applications, and updating member and non-member ACE transcript data, will be taken off of Sarah Ecker’s desk and become part of Taylor’s job responsibility.

Mandy Gist’s job title has been changed to Registration & Fulfillment Manager to reflect her realigned position responsibilities. Mandy will continue to be responsible for bookkeeping and accounting for both the Society and the ASET Foundation, all publications and merchandise order fulfillment and inventory, and all annual conference, education seminar, webinar, and online course registrations.

Rounding out the Executive Office staff are Arlen Reimnitz, Executive Director, and Sarah Ecker, Marketing & Communications Manager.

Please join us in welcoming Taylor as a member of the ASET team.
Volunteer Spotlight -
Cherie Young, R. EEG T., CNIM
Submitted by Sharyn Katz, R. EEG T.

I first met Cherie Young, R. EEG T., CNIM at the 2008 annual ASET meeting, held in New Orleans, Louisiana. She made an impassioned presentation to the ASET Board of Trustees, encapsulating the devastation of hurricane Katrina to the residents of New Orleans and the effects the hurricane had on the delivery of healthcare, but in particular, how she and her neurodiagnostic colleagues were affected by this natural disaster.

The Board listened intently, in silence, to Cherie and her colleagues with new respect of this natural disaster and of the limitations of their professional organization (ASET) to provide support and resources. It was her convincing proposal to ASET that they establish a Committee for Disaster Relief which ASET initiated in 2009 and which Cherie Young is the current chair.

Cherie is a graduate of the Louisiana State University School of Allied Health (1984). She has worked at the Children’s Hospital of New Orleans since 1985 performing EEG, evoked potentials and surgical monitoring; becoming the supervisor in 2000 and the Director of the Neurodiagnostic Laboratory in 2003. She has been a member of ASET since 1992, earned her R. EEG T. in 1996 and her CNIM in 2002.

While Cherie has been a supportive, active member of ASET since 1992 she said that, “Katrina gave me purpose to get involved.” Involved she is, chairing the Committee for Disaster Relief and being asked to host an ABRET exam at her institution in 2011. She states that the greatest asset of ASET is the support that is given to its members and that now she has the opportunity to participate at many levels in the growth of the organization.

When Cherie is not at work she fills her time with family. Cherie and her husband have one son. They enjoy cooking for their family members and hosting family events. Cherie loves to vacation with all of her family members, there are so many (up to 45 for one vacation), they have a group named “The Cajun Invasion.” Cherie enjoys getting together with her girlfriends for dinner and has always loved to garden. She has always maintained a hobby for herself. Her latest passion is photography. Her family and friends say she is a “nurturer” that likes to “laissez les bons temp rouler” (“let the good times roll”).

Cherie is an inspiration. Her passion for her profession and her desire for ASET to remain in touch with the pulse of its members is motivating. I commend Cherie for her courage to come forward with relevant issues that affect ASET members and to effect change in our organization. ASET is stronger because of Cherie Young.

ASET Membership 101
Renewing your ASET Membership Online

Don’t miss a journal, a newsletter, a brochure, or a beat from your favorite forum by forgetting to renew your 2011 membership dues. Membership in your professional society is too important to let lapse. Whether you are credentialed or not, whether you work in a large hospital or a small community clinic, your membership with ASET is priceless. Not only do you have the top resources available at your fingertips 24/7, but your commitment to ASET as a national organization helps to secure your job and the future of the neurodiagnostic profession. Don’t deny yourself any member benefits and renew today, here’s how:

1. Log into the ASET website, www.aset.org with your username and password.

2. On the Members Only Welcome page, click on the first bulleted item, Renew Online Individual Membership.

3. From the Membership Renewal Form, verify your contact information is correct and enter in your payment information.

4. Click Submit.

By submitting your payment, your membership will be automatically renewed through December 31, 2011. The ASET website and all payment screens are protected by Network Solutions, LLC, to guarantee a safe and secure transaction. You will receive a confirmation by email for your personal records.

For questions or concerns, please contact Taylor Cox at the ASET Executive Office at taylor@aset.org or 816.931.1120 [1#].
### Congratulations to Our New Members [Since 6.8.10]

#### Institutional Members
- Advanced Neurologic Associates
- Broncor Surgical Monitoring, Inc.
- Memorial University Medical Center
- Surgical Monitoring Services
- Tech Medical Group, Inc.
- UCSF Medical Center
- Yale – New Haven Hospital

#### Individual Members
- Ahmed Al-Assal, MD
- Jennifer Albrecht
- Owen America
- Wanda Baird, RRT, CPFT
- Stephanie Barela, BS
- Lisa Barr, LPN
- Erminia Bauer
- Tara Boundy, R. EEG/EP T., AS
- Cindy Bowers
- Sara Braddock, BS
- Lisa Brown, RRT, BS
- Gretchen Brown
- David Burbank, BS
- Karen Butler, R. EEG T., AA
- Anthony Casarez, CNIM, BS
- Brian Collins, AS
- Michelle Compton, R. EEG T.
- Nhu An Dang, BA
- Lisa Davis, R. EEG/EP T.
- Claudette DeCilla, R. EEG T., BA
- Kathy Doherty
- Greg Doster, BA
- Mary Duffy
- Andrea Duran, R. EEG T., BS
- Quinn Dye, R. EEG T.
- Jason Ehrhardt, CNIM, BS
- Tom Epplin-Zapf, BS
- Bryan Faust
- Sandra Fierro
- Jenna Flowers, R. EEG T., AS
- April Forcum, BS
- Sean Fossie
- Rommy Foteh, CNIM, BS
- Jeff Fraser, CNIM, MS
- Kimberly Fraser
- Melanie Frazier, R. EEG T.
- Sallyann Gill, RN, AA
- Maurice Golding, R. EEG T., AS
- Travis Graham, CNIM, BS, AS
- Denise Green-Siplin
- Sally Hampton, AS
- Carol Hasbargen
- Ross Hjelmgren
- Darlene Horn-Fransen, AAS
- Jamey Jones, BS
- Allen Jorn, R. EEG/EP T., AS
- Inrundeep Kaur, AA
- Rebecca Khozein, R. EEG/EP T., R.NCS.T., RPSGT, BA, MS
- Kari Krupp
- Patrick Kunz, BS
- Dawn LaBonte
- Tina LaJudice, R. EEG T.
- Stephen Large, BA, MEd
- Melanie Lewellen, R. EEG T.
- Harriet Lewis
- Maria Lusi, R. EEG T.
- Dean Maddox, R. EEG T.
- Erica Maltese, R. EEG T.
- John Mancuso, AA
- Kellie Matijasevic, BS
- Vincent Mattiello Jr
- Dawn McCall
- Carlos Mercado, BS
- Christina Mick, AS
- Laura Mobley, R. EEG T., AS
- Ravina Mohoraj
- Natasha Mueller
- Vinh Nguyen, CNIM, BS, MS
- Gilbert Ombachi, AAS
- Ahmet Omurtag, PhD
- Karen Persely, R. EP T., CNIM, BA
- Nathan Philipp, BS, MA
- Maria Potts
- Heidi Puliti, R. EEG T.
- Karen Rama, R. EEG T.
- Marilu Ramos
- Eric Robinson
- Rene Rodriguez, BS
- Cheryll Scott, BA
- Kristin Shotwell
- Kristen Sicignano, AA
- Kristin Slagle, R. EEG T., RPSGT, CRET
- Amanda Smith
- Russell Smith, AA
- Nicole Stanley
- Rebecca Stuedemann-Jones, R. EEG T., BS, AS
- Brent Sullivan, R. EEG T., AS
- Susan Tahawi, R. EEG/EP T.
- Nancy Taylor, BA
- Jacqueline Thompson, R. EEG T.
- Kalli Tiemann, R. EEG T., BA, AAS
- Son Tonq, R. EEG T.
- Deborah Townsend
- Patricia Tucker, CNIM, R.NCS.T.
- Tracy Tucker, R. EEG T.
- Raymond Vazquez, PhD
- GARYpal Virk, RT, AS
- Maria Walczak, RPSGT, BA
- Sarah West
- Amanda Wiese, CNIM, BS
- Penny Willfong, RPSGT, CRT
- Travis Williams
- Patricia Wilson, CNIM, MA
- Tamara Wing, PhD, MD
- Sherrie Wirthlin, BS
- Zemenu Wondmagegne, AAS
New Officers Elected to Foundation Board

At its August 4, 2010 annual meeting, the ASET Foundation Board of Directors elected the following new officers to one-year terms: David Weaver, RPh, D.O. Weaver & Company, Aurora, CO, Chairman of the Board; Sherry Nehamkin, R. EEG/EP T., CNIM, CLTM, Cleveland Clinic and University Hospital of Cleveland, Cleveland, OH; and Vice Chair, Gail Hayden, R. EEG/EP T., CNIM, RPSGT, MBA, END, Inc., Clarkesville, GA. Secretary/Treasurer reelected to a second three-year term on the board was Janet James, R. EEG T., R.NCS.T., Janet James END Consulting P.A., Navarre, FL. Rounding out the board are directors Diane Liesen, R. EEG/EP T., St. Johns Hospital, Springfield, IL; L. Elizabeth Mullikin, R. EEG/EP T., CNIM, FACHE, MPA, John Muir Neurosciences Institute, Walnut Creek, CA; and Deepak Lachhwani, MD, Cleveland Clinic, Cleveland, OH.

Foundation Awards Scholarships to 2010 Annual Conference

Thanks to the generosity and participation of industry vendors and suppliers in the ASET Foundation’s new CSS (Company Sponsored Scholarship) program, the Foundation was able to award four scholarships to the ASET 2010 Annual Conference. The scholarships covered the full cost of registration to the event. Recipients of the 2010 CSS scholarships were: Rosa Ethridge, RPSGT, recipient of the Compumedics USA Professional Development Scholarship; Margaret Hawkins, R. EEG/EP T., CNIM, and Jennifer Walloff, R. EEG T., recipients of the D.O. Weaver and Company Continuing Education Scholarships; and Cathy Cross, R. EEG/EP T., RPSGT, recipient of the Lifelines Neurodiagnostics Systems Continuing Education Scholarship. The Foundation’s CSS program is designed to encourage neurodiagnostic technologists’ pursuit of continuing education and professional advancement by enabling – through vendor support – attendance at the ASET annual conference.

Meredith Belle Milton Receives 2010 John Archibald Student Scholarship

Meredith Belle Milton, Indianapolis, IN, a student enrolled in the Clarian Health Sciences neurodiagnostics program, was selected by the ASET Foundation board as the recipient of the 2010 John Archibald Student Scholarship. As stated in her application, Meredith will use the knowledge learned from the conference “not only to benefit myself, but the community of neurodiagnostics and fellow students, just as John Archibald committed to educating others.” Once Meredith completes the Clarian Health Sciences neurodiagnostics program, she intends to further her education by taking advantage of every chance to become registered in as many aspects of the field as possible.

The John Archibald Student Scholarship is awarded annually to assist a student in attending the ASET Annual Conference. For 2010, the scholarship provided full registration to the conference and $450 to offset travel expenses. The selection of the scholarship recipient is based on the content of the application and letter of reference, and not solely upon academics and/or financial need.

Foundation Awards Education and Special Grants

Each year, students who are enrolled full-time in a CAAHEP accredited neurodiagnostics program are eligible to apply to the ASET Foundation for a grant to help offset the cost of tuition. Persons who are already employed in the neurodiagnostics profession may also apply for a grant to offset the tuition cost to attend a 2-year junior college or a 4-year college to pursue their degree. The selection of tuition grant recipients is based on the applicant’s indication of interest in pursuing a career in the neurodiagnostics field; record of scholastic achievement, including grade point average; interest in pursuing a degree in order to serve as future faculty for the neurodiagnostics profession; and references and recommendations by instructors, employers and other pertinent individuals. This year the board awarded tuition grants to five very deserving and highly motivated students: Angela Cochran, Indianapolis, IN, enrolled in the Crozer School of Clinical Neurophysiology on-line neurodiagnostics program; Danielle Knowles, La Mesa, CA, enrolled in the Institute of Health Science’s neurodiagnostic technology program; Carol Tomlinson, Akron, OH, enrolled in the Cuyahoga Community College AAS degree program in neurodiagnostic technology; Beth Blanc, Strongsville, OH, enrolled in the Cuyahoga Community College AAS degree program in neurodiagnostic technology; and Mary Ellen Wells, R. EEG T., R.NCS.T., RPSGT, Chapel Hill, NC who is pursuing a PhD in Curriculum and Instruction at North Carolina State University and who has been recruited by the University of North Carolina at Chapel Hill to create a baccalaureate degree program in neurodiagnostics and sleep sciences.

Each year the ASET Foundation also accepts grant applicants from organizations for funding for neurodiagnostics curriculum development, publications development, educator development, clinical site support, and other projects that support the Foundation’s mission. This year, the Foundation board awarded a grant in the amount of $5,000 to the University of North Carolina at Chapel Hill to help support the university’s course development for a bachelor’s degree curriculum focusing on advanced practice in neurodiagnostics and sleep science. The board also awarded a grant in an amount not to exceed $15,000 to ASET, Inc. to cover the application fee and associated costs for applying to the American Council on Education’s College Credit

Continued on page 10 ▶
**ASET Foundation News**

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**Foundation Awards Education and Special Grants continued**

Recommendation Service (CREDIT) for the purpose of obtaining college credit recommendations for the Society’s online courses. If successful in its application, the CREDIT program will give ASET’s online courses recognition within the academic community and, more important, recommend that college credits be awarded to individuals who have completed the courses. While it is up to individual colleges and universities as to whether or not to accept the Council’s credit recommendations, there is widespread acceptance of the CREDIT program. Approximately 8,000 transcripts maintained by the CREDIT program are sent to 1,400 institutions of higher education each year.

**Announcing 2011 CSS Program**

The ASET Foundation is now accepting company commitments to participate in the Foundation’s CSS (Company Sponsored Scholarship) program for 2011. The program is designed to encourage neurodiagnostic technologists’ pursuit of continuing education and professional advancement. Your company’s commitment to fund a scholarship in your company’s name for an ASET member to attend the Society’s 2011 Annual Conference, July 27-30, in Atlanta, GA, will not only obtain market recognition and goodwill for your company, but eligibility for a tax deduction as well. To learn more about how the program works, and to download a commitment form, please [CLICK HERE](#). To participate in the 2011 program, completed commitment forms must be received by the ASET Foundation by January 31, 2011.

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**ASET Foundation Donors**

The ASET Foundation gratefully acknowledges the following individuals who donated items to the 6th Annual Silent Auction, 2010 Annual Conference faculty who graciously donated their honorariums, and those who have made a general or named donation to the Foundation since June 10, 2010. Thank you for your continued support.

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We all agree that neurodiagnostic technologists work very hard, every day, to complete all the procedures required, as they strive to make each patient’s test the very best possible. However, I have always appreciated the sense of play that technologists can find in their daily work routines. Maybe it is as simple as “playing” with the high and low frequency filters on the EEG recording equipment to bring out a subtle focal pattern. Or perhaps it is adding extra electrodes and customizing a montage to search for a phase reversal. When working with pediatric patients, as I did, you can actually play with your patients, sing silly songs, blow bubbles, tell stories and try to make them laugh. For me, being on-site at the annual conference, meeting attendees and speakers, and helping to get the entire program rolled out, is my version of enjoying work so much that it could be play. I also enjoy seeing others taking pleasure in participating in the meeting events. We all had fun in Louisville, especially at the Exhibit Hall Reception, socializing and taking in the variety of great hats people wore for the event!

Now it is back to the drawing board, as I begin planning the ASET 2011 Annual Conference Program in Atlanta. With a theme of “First Contact” we are hoping to explore new frontiers in all areas of neurophysiology. Please contact me if you have a topic that you can present, or an idea for a lecture or abstract. I am already developing a list of potential speakers and I will begin working on the program at end of the year, so now is the time to let me know you would like to participate. One of the benefits of serving as a speaker for the ASET Annual Conference is free registration for the day on which you speak. You may also earn ACE credits for the preparation of your presentation.

I am looking forward to bringing the ASET Fall Seminar courses to Ann Arbor, on the campus of the University of Michigan, on October 23 and 24th. If you missed the annual conference, this will be the ideal opportunity to get your continuing education in the most

**Department of Education Report**
Submitted by Faye McNall, R. EEG T., MEd

“You've achieved success in your field when you don't know whether what you're doing is work or play.”

– Warren Beatty

ASET Extended Webinar:
Basic Neuroanatomy for Neurodiagnostic Technologists
Wednesday, November 10, 2010

Lectures by:
Debby Ferguson, MSEd, R.NCS.T., R. EEG/EP T., RPSGT

Schedule (times listed are Central Time)
9 a.m.
Cellular Neuroanatomy
10:10 a.m.
Lobes/Fissures & Meninges
12 noon
Ventricular System
12:15 - 1 p.m.
Lunch Break
1 p.m.
Vascular System
1:50 p.m.
Brainstem & Diencephalon
3 p.m.
Anatomy of the Eye
3:30 p.m.
Anatomy of the Ear
4:10 to 4:30 p.m.
Question and Answer Session

**Building a Clinical Site Database**

ASET recently sent out a broadcast e-mail to announce a new project, the “Clinical Site Database.” The purpose of this project is to collect contact information for any lab that is considering serving as a clinical site for a student in a formal Neurodiagnostic Technology Program. Finding a clinical site is especially important for those students enrolling in a distance-learning program. If they do not have access to an appropriate clinical site, they will be denied admission.

In an effort to help Neurodiagnostic Programs include all of the available students possible, we are hoping to build a list of potential clinical sites that will cover most areas of the country.

Please go to the ASET website to read the introductory explanation, benefits and frequently asked questions, then fill out the survey and send it in to us. Participating in the education of a student is a rewarding experience. Aiding a student and developing their skills can also lead to the hiring of custom trained individuals for your lab. For more information and to review the process, [CLICK HERE](#).
ASET Members Honored at 2010 Annual Business Meeting

At the 2010 Annual Business Meeting & Awards Luncheon, held August 5 in Louisville, KY, in conjunction with the ASET 2010 Annual Conference, a group of distinguished and dedicated members were honored for their outstanding accomplishments and service over the past year.

The Maureen Berkeley Memorial Award, given for the most outstanding educational article or paper written by a neurodiagnostic technologist during the year and published in the American Journal of Electroneurodiagnostic Technology (AJET), was presented to Mark Ryland, R. EP T., RPSGT, R.NCS.T., AuD, for his paper, “The Amazing Ear: What Happens Before the Brainstem Auditory Evoked Response,” published in the March 2009 issue of AJET.

The Theda Sannit Outstanding Educator Award recognizes outstanding educators in the field of neurodiagnostics. The recipient of the 2010 award was Cathy Cross, R. EEG/EP T., RPSGT. From 1991 to 2004, Cathy served as ASET’s first Director of Education. During her tenure, Cathy grew the content of the Society’s annual conference from a few basic courses to an imaginative continuing education selection, implemented a strong tradition of education seminars, and expanded the Society’s reprint series from four to more than 18 publications.

The Distinguished Service Award honors individual members for exemplary service and contribution to the Society and/or the neurodiagnostic profession. Adele Wirch, R. EEG/EP T., CNIM, was the sole recipient of the award this year in recognition of her leadership in the field of neurodiagnostics. Having served as president of both ASET and ABRET, today Adele continues her volunteer work in the field of neurodiagnostics while juggling a very busy job. She is involved in a number of ASET committees and projects, including serving as faculty for ASET’s webinar series, writing an Evoked Potentials instrumentation handout for the IONM reprint series, and serving on the ASET Standards & Practices Committee.

ASET Members Honored at 2010 Annual Business Meeting

Fun was had at the “Best of Show” hat contest during the Exhibit Hall Welcome Reception.
ASET Members Honored at 2010 Annual Business Meeting
(continued from page 12)

Janet Ghigo, R. EEG/EP T., received special recognition for her years of service as ASET’s representative and chair of the Committee on Accreditation for Education in Electroneurodiagnostic Technology (CoA-END) from 2004 to 2010. Assisting with the presentation of the award was Deb Carson, R. EEG/EP T., who takes over for Janet as chair of the CoA-END.

Janet Ghigo (left) and Past President Deb Carson.

Brian Markley, R. EEG/EP T., R.NCS.T., Kristin Roberts, R. EEG/EP T., and Mark Ryland, R. EP T., R.NCS.T., RPSGT, AuD, were recognized and thanked for having just completed their three-year term as Trustees on the ASET board. Unable to attend the conference but recognized in absentia were Lois Wall, R. EEG/EP T., RPSGT, who also completed her three-year term as Trustee, and Elizabeth Mullikin, R. EEG/EP T., CNIM, FACHE, MPA, who completed her service as Immediate Past President.

Eric Isaacson, R. EEG/EP T., CNIM, was presented with a Certificate of Appreciation for his service and dedication as the Intraoperative Monitoring Interest Section co-leader from 2007 - 2010. Dr. Thoru Yamada was presented with a Certificate of Appreciation in absentia for his service and contribution as the Medical Editor of American Journal of Electroneurodiagnostic Technology from 2006 to 2009.

The awards portion of the Annual Business meeting concluded with President Osburn administering the oath of office to the newly elected Trustees to the board.

Installed into office at the 2010 Annual Conference are incoming Board of Trustees members, pictured from left, Cheryl Plummer, Patricia Smith and Sara Batson.

Installed as new Trustees for three-year terms were Sara Batson, R. EEG/EP T., RPSGT, CNIM, AAS, neurodiagnostic technologist for Broncor, Inc., Effingham, IL; Cheryl Plummer, R. EEG T., CLTM, BS, supervisor of neurodiagnostics at Presbyterian- Shadyside Hospital, Pittsburgh, PA; and Patricia Smith, R. EEG T., AA, registered EEG Technologist at the Child Neurology Center of Orlando, PA, Orlando, FL.

ASET’s Grassroots Campaign is launched in Louisville. Pictured from left are Grassroots Committee members Tim Stokes, Leisha Osburn, Kathy Johnson, and Scott Blodgett.

2010 Annual Conference Exhibitors and Sponsors
(continued from page 12)

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Faith Medical, Inc
Grass Technologies,
An Astro-Med, Inc. Subsidiary
IOM Solutions
ISNR
Knowledge Plus, Inc
Larry Head Institute
Lifelines Neurodiagnostic Systems, Inc
Medtronic
MVAP Medical Supplies, Inc.
Natus Medical Incorporated
Neurovirtual
Nihon Kohden America
NuVasive
ORIMtec
PMT Corporation
RhythmLink International
Rochester Electro-Medical, Inc
Sentient Medical Systems
StatLink-MD
Texas Children’s Hospital
The Ohio State University Medical Center
Weaver and Company
Xian Friendship Electronics Co., Ltd
interactive and meaningful way possible. We have outstanding faculty and two great courses to choose from, whether you are preparing for EEG Boards or studying for the CLTM exam, or just need to know more about managing an LTM lab or expanding your knowledge of clinical EEG.

I have written a separate article about a project that I have been working on for the past three years, the listing of our profession with the Bureau of Labor and Statistics. I have some very good news to share on that front. And please also look for the explanation of a new ASET project in this issue, the Clinical Site Database Program.●

CR ED E NTIAL I NG ORG A N I ZATIO NS

The following organizations administer and award the R. EEG T., R. EP T., CNIM, CLTM, RPSGT, CPSGT and R.NCS.T credentials to technologists. For specific requirements, including re-certification, refer to the individual Websites for the most current updates.

American Board of Registration of EEG & EP Technologists

CREDENTIALS: R. EEG T.*, R. EP T.*, CNIM*, CLTM*, and EEG Laboratory Accreditation, and NIOM Laboratory Accreditation
[*Accredited by the National Commission of Certifying Agencies – NCCA]

FOR MORE INFORMATION
For general information and to obtain oral exam applications, contact:
Janice Walbert, R. EEG/EP T., Executive Director
ABRET Executive Office
2509 W. Iles, Suite 102, Springfield, IL 62704
217.726.7980; 217.726.7989 fax
abreto@utt.net; www.abret.org

Written exam applications can be requested by contacting:
Professional Testing Corporation
1350 Broadway, 17th Floor • New York, NY 10018
212.356.0660; www.ptcny.com

American Association of Electrodiagnostic Techs [AAET]

CREDENTIAL: R.NCS.T

FOR MORE INFORMATION
P.O. Box 6823
Mobile, Alabama 36606
Ptc 877.333.2238 or 877.333.AAET
aaet@aaet.info; www.aaet.info

Written exam applications can be requested by contacting:
Professional Testing Corporation
1350 Broadway, 17th Floor • New York, NY 10018
212.356.0660; www.ptcny.com

Board of Registered Polysomnographic Technologists [BRPT]

CREDENTIALS: RPSGT™, CPSGT™
[*Accredited by the National Commission of Certifying Agencies – NCCA]

FOR MORE INFORMATION
John Ganoe, CAE, Executive Director
Board of Registered Polysomnographic Technologists
8400 Westpark Drive, Second Floor
McLean, VA 22102
703.610.9020 • 703.610.0229 (fax)
info@brpt.org; www.brpt.org

The following organizations administer and award the R. EEG T., R. EP T., CNIM, CLTM, RPSGT, CPSGT and R.NCS.T credentials to technologists. For specific requirements, including re-certification, refer to the individual Websites for the most current updates.
This article is intended for the technologist newly starting in the operating room (OR). I hope even seasoned OR technologists will find some helpful hints for themselves or to share with the newer techs they are currently working with or training.

When I first started monitoring in surgery, it was all very overwhelming. I have experience in polysomnography (PSG) and EEG covering several different types of modalities and even some surgical procedures such as carotid endarterectomies (CEA) and intracranial grids. But I soon found out, none of my past experiences were comparable to being in the OR monitoring a spine case with all the wires and pods among all the other equipment surrounding me. I thought, as I am sure others have before me and will after me, “What do I do?” and more importantly, “Where do I start?”

Be advised if any information I talk about includes such terms as pods or other terms that do not make sense to you, please keep in mind I am aware that there are several brands of monitoring equipment available in our field. I am only familiar with the brand I use and the techniques I have become familiar with from my training and talking with experienced intraoperative neuromonitoring (IONM) technologists.

First off I wear several layers of clothing in the OR. I first began wearing a tank top or t-shirt under my scrubs with an additional pair of scrubs over the top of the first pair of scrubs plus a surgical jacket if one is available. More recently I began wearing a specialized undershirt called undORwear that I recently purchased from Knowledge Plus, Inc. (If interested in purchasing one of these contact Rebecca Clark-Bash by email or phone listed at http://www.eknowledgeplus.net/ under the registration link). Of course, I still wear one or two sets of surgical scrubs with a jacket depending on whether it is a long case day or an extended case or if I know the particular surgeon I will be working with demands very cool temperatures in the OR. Don’t make the mistake I did wearing clothing such as a long sleeve t-shirt with the sleeves sticking out under the scrub top. The circulating nurse came over and explained I needed to go back into the changing room. I either had to take it off completely or tuck the sleeves up under my scrub top.

As for all those cables and cords I mentioned earlier in the OR, the first thing I did, like many of my co-workers, was to bundle my cords with flexible cable cover (Figures 1A and 1B). This flexible cable cover can be found at any office supply store. It is the same thing used when gathering cords for computers behind desks. I have also seen an IONM technologist use tubing similar to intubation tubing.

To view the rest of this extensive Technical Tips for the OR article by Sara Baton, CLICK HERE.
Welcome from the Interest Section Coordinator
By Margaret Hawkins, R. EEG/EP T., CNIM

Webster defines quality as “degree or grade of excellence.” This month I asked our Section Leaders to share with you how this very important trait is factored into their workplaces. I suppose that it might be one of those “in-the-eyes-of-the-beholder” things. Maybe some of us think that because we did the work, it is of course of high quality, and in some cases that may very well be true! I often wonder if patients who leave my lab realize that they have received a high quality test or do they just assume that’s what they would get, or do they even think about it at all??!! Skill labs, competencies, goal setting, self assessments, peer reviews, ratings on scales of “1 to 3” or “1 to 5” or “1 to 10” by our supervisors, team work, attitude, CEUs, etc. all play into this attempt at grading our performance. Much of what we do as technologists, however, is not very amenable to objective grading, and at the end of the day, it so often really does come down to how did the patient feel in our presence, in our care? Did we treat them with respect? Did we recognize and meet their immediate needs with compassion and easiness? Did they thank us for our efforts? Mark Ryland’s closing statement about his students is wonderful. Have an excellent day!

Acute/Critical Care End
By Anita Schneider, R. EEG/EP T., CNIM

New/Improved ASET Tools to Help Ensure Quality in Your Neurodiagnostic Lab

This issues focus topic of “Quality” provides me the opportunity to advertise recent initiatives from ASET’s Standards and Practices committee. During Neurodiagnostic Week in the spring of 2011, we will release and publish new and/or revised documents created for you to use to help ensure quality in your workforce.

The cornerstone document is the new Scope of Practice – a concise three page overview of “what we do” – with reference links to supporting documents on ASET’s website. This Scope of Practice replaces the previous document, published in 2005.

We have evolved as a profession that includes new modalities and credentials requiring advanced skills, education and increased neurodiagnostic manpower. In addition to describing what we can and cannot do, the new Scope of Practice includes a section clearly defining neurodiagnostic clinical practice levels, which include a new Neurodiagnostic Technician Assistant level (NTA) to assist the technologist in performing tasks in the neurodiagnostic lab that do not require the skills and expertise of a technologist. Also defined is a clear, intentional distinction between the registered and non-registered technologist (NT I vs NT II). Recognizing that there are many non-registered technologists working in our profession, it is the registered technologist who has demonstrated competence in our craft by successfully passing examination from a nationally recognized credentialing organization.

Another new practice level of distinction and opportunity for professional growth is included for the advanced level technologist – the Neurodiagnostic Specialist (NDS) who has achieved advanced credentials (CNIM and/or CLTM) combined with advanced education and experience.

The supporting materials referenced above are the result of hard work by four task forces, consisting of approximately 35 volunteers from ASET’s membership, who are focused on creating or revising these important documents:

Qualified Workforce Task Force, led by Becky Meng – is working to create new on-line education to support the new practice levels. Currently this task force is working in collaboration with the Grassroots Task Force and the Bachelors Degree Task Force to create a new salary survey, scheduled for release this fall.

Career Ladder Task Force, led by Ed Carlson – designed to identify the variety of professional entry points available for the new practice levels.

Job Description Task Force, led by Ryan Lau – completing job descriptions for neurodiagnostic modalities and practice levels that reflect current practice.

Competency Task Force, led by Barb Tetzlaff – is revising competencies to reflect current practice and provide consistency between neurodiagnostic modalities and the new job descriptions.

The goal of our S&P committee and task forces is to provide ASET members with the tools you need to ensure the high quality we strive for and our patients deserve.

Continued on page 17
Some synonyms of quality are high grade, superiority, excellence, high caliber, distinction, perfection. Each of these words should describe what we do in the work place each day. Each of us should strive to do the very best, every single time. Imagine if this test that we are running is being done on one of our family members.

Are you required to undergo competencies or skill labs or pass tests? Yes, each year we go through a list of competencies that are in line with the AEEG guidelines. We must successfully pass these competencies. In my lab, my mind set is there is no need for improvement; it is either pass or fail, no in between. You either do a great job or you should not be permitted to care for patients.

Does your employer require registries or certifications to get a job or keep a job? Yes, in my lab, we have now implemented you must be a registered EEG technologist just in order to be granted an interview. Some colleagues have told me that they had employees that needed to pass their EEG registry otherwise they would lose their job.

Can a patient know whether they had just received a quality test? Do patients (or their families) ever recognize that you have done a good job, or a better job than the last person who did their testing? For the most part I would hope the patient or their family members would be astute enough to realize if they received a quality test. In my lab, during our final instructions on using the ambulatory EEG equipment, we ask each patient to fill out a patient survey. A few of the questions include: if they had a good experience with our service and if they have any suggestions on how to make the testing process easier for our next patient. It is amazing how many patients complete the survey. I can honestly say that their feedback is crucial to how we review our quality of patient care.

Are you known for doing quality work or working with special patients or providing procedures that no one else does, etc.? Again, I must stress we treat each patient as if they were our family members. This way, there is no poor work quality and each patient is treated the same with great respect and value.

This newsletter article has multiple questions and answers regarding “Quality in the Workplace.” Some synonyms of quality are high grade, superiority, excellence, high caliber, distinction, perfection. Each of these words should describe what we do in the work place each day. Each of us should strive to do the very best, every single time. Imagine if this test that we are running is being done on one of our family members.

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This month’s theme is quality and quality assurance. As this subject relates to computers, a few things come to mind.

First, the fact that most, if not all, of our recordings are now done with computers has implications both good and bad concerning quality control. Assuming adequate network access, it should be easier to review the studies to assess the quality of the recordings. All of the studies our lab performs are done by the computer. We more or less take on faith that the two electrodes on bio-cal are connected to every amplifier. And what would you adjust if you saw something amiss? The fact of the matter is that your EEG program checks itself when you start up. I am not saying that this is detrimental to the recording. It probably increases the quality in the recording in that the accuracy of the recording is not subject to the skill level of the technologist in adjusting the recording instrument.

The other thing that comes to mind, as someone who supports computers, is the quality of the computer infrastructure. Nothing is more frustrating than to deal with computers that are not working properly, or IT resources that don’t have sufficient capability for the job to be done.

When it comes to repairs, it is sometimes a bit challenging for us at our company to make sure nothing slips through the cracks. We have a ticketing system but our folks would rather just call or grab someone in the hall. I think it is easier in larger organizations to require the proper procedures for requesting service. This type of dispatching not only makes it possible to track all issues with the computers, it provides data as to the quality of the support staff.

The other side of quality IT service is the capacity of the network and/or computers. We are currently getting ready to implement electronic medical records. As a part of this project we will be upgrading our network and servers. In future issues I will go into some of the technology involved. Next issue we will discuss virtualization.

As always, please e-mail any questions or suggestions to bam@neurologycenter.com.
CPT CODING

By Lynn Bragg, R. EEG T.

First I would like to thank everyone for the great ASET meeting. As always, it was very informative and I really enjoyed visiting with everyone.

For a technologist working in a private practice, you may think that only having outpatients is not at all that challenging. I agree that I do not have the more difficult ICU patients but doing an EEG in a hospital lab or in an office lab, the quality of the work should never be compromised. I think that patients often feel they are not getting the same quality of work as they would in a hospital lab. My lab is accredited by ABRET and when patients see the Lab Accreditation certificate hanging, they know that they are getting the best.

The physicians in our practice expect to read a study and not have to second guess an artifact or brain activity. They are very helpful if we have a question or concern about a recording. Often times, patients are taking copies of their recordings to hospitals for second opinions. It would be very embarrassing to me, if a recording left the lab and it was technically poor.

Now to stay on course for CPT coding, it is very important for our patients to be assured that not only are they getting a good test, they also know that their insurance will cover the procedure. All testing ordered in our office is pre-certified. Our pre-cert department makes sure that the patient’s insurance does not require certain requirements for the procedure that is ordered. Often insurance companies require other testing done before the one that is ordered. Some companies require specific signs or symptoms for certain procedures. If the procedure is approved by the insurance company, it does not guarantee that the total cost of the procedure is covered. The patients are told they need to check with their insurance company for their specific benefit coverage.

In closing, our lab’s recordings are the best that we can do, from pre-cert to taking the electrodes off, which makes me think that quality assurance is practiced daily.

DEPARTMENT MANAGERS

By Pat Lordeon, R. EEG T.

Our goal each day should be to provide quality care to our patients, promote high quality interactions with our peers and other staff members, and ensure quality work standards are created and upheld. How we do this is sometimes a mystery, because not all of our goals are set in black and white. Some are, but a surprising amount are personal standards that are measurable only by us against ourselves.

Work quality is improved and reinforced by recognition, both by our supervisors and our organizations. Our lab has multiple ways of tracking quality parameters, some of which I would like to highlight for you. Perhaps your lab has similar goals, or can use an idea from our list.

The easiest tracking mechanisms are those that are institutionally driven. Examples of these are competencies and performance review standards. These are the parameters that most of us are familiar with. Our hospital uses the ASET competencies as a guide for goals each tech should be able to meet or exceed during the review period. These goals are familiar to each tech, as they are relatively unchanged from review period to review period. They are the basics of our profession... timely electrode applications, pattern recognition, response to seizures, proper completion of paperwork/billing. No surprises, just basic parameters to ensure a good base of operations.

The next level of quality recognition is a program our hospital calls “Praise from Patients.” Any patient or family can anonymously fill out a form, found in multiple locations throughout the hospital, citing a staff member who they felt went above and beyond in providing care. The staff member receives a certificate, and their names are listed monthly in our hospital newsletter. Everyone eagerly checks to see who has received a “Praise” each month. A little friendly “competition” sometimes results, but the benefit is all to the patients. These awards are kept on file by management, and are cited in the performance review of the staff member.

Staff members may nominate other staff for “Kids First” awards, given in recognition of providing high quality medical care. This is a peer to peer honor, so it provides some insight regarding how staff members view the work done by their coworkers. These awards are also kept on file by administration.

Our last recognition level is the “ACE Award” (Award for Commitment and Excellence in Services), which is a University of Pittsburgh Medical Center (UPMC) system-wide (across many hospitals) annual award. It is designed to honor staff whose everyday actions and, in some instances, personal acts of courage and compassion exceed the high level of services the community has come to expect. Less than 1% of employees across the entire UPMC health system receive this honor. We have had one tech each of the past two years receive this prestigious award.

We also have a career ladder in place, which provides a stepwise position advancement (with salary adjustments) as a tech passes their ABRET board exams. Our department also conducts a monthly Quality Assessment to determine how much in concordance the tech assessment of the EEG is with the physician interpretation. These results are sent out department wide each month, so both techs and physicians know how well we are doing.

In my experience, by far the most stringent quality assessments are done individually by my staff, by monitoring their work performance against their own personally set standards. Invariable, staff will come to me and say “I just wanted to talk to you about...”, and proceed to detail a situation in which they feel they did not do their best work. Most times they are too hard on themselves, but in some cases there is room for improvement, and we discuss how things could have been done differently or why another approach would have served better. Both of us learn from this debriefing.

Some of my best techs have never won an institutionally sponsored award, yet I know that they exemplify quality every single day. This goes to show that, regardless of what quality monitors our workplaces may create for us, responsible techs feel they are accountable for their own actions (or inactions). We ourselves are the bottom line for quality in our workplaces. If we are happy with our work, then everyone we are in contact with will benefit from that high standard.

END EDUCATION

By Mary Feltman, R. EEG T., BS

For most of us in education, the quality aspect is evaluated in accordance within the competencies. My students have to have a minimum of two evaluations from each clinical site per semester. So, if in this semester, they will rotate three different sites, they then need to have a minimum of a total of six evaluations. I also highly suggest that they have each of these six evaluations done by different techs. This allows a more diverse evaluation, since not everyone sees all things the same, i.e., what one tech may recognize as the best idea or method of attaching electrodes, might be the absolute worst to another tech. Therefore, what is seen as a strength to one person might be a weakness to another person. Perception plays a major role in all we do.

One thing I learned during my last semester Supervision Class was the importance of doing numerous brief walk-through observations. We all know we cannot select our patients, and all patients are the very best patients ever! When I have to be evaluated, I want to have the very best patient and test performance ever. (Not that all my tests are not the best). Principals in the school systems are taught to do at least three 10-minute walk-through observations and one formal evaluation. This allows the principal the opportunity to see the person at work in various situations and with different types of students. The quality should

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always be present, but not every patient and test is an A+ study. It is the fact that with every single situation, that one must think on their feet and make the split second best decision possible for that specific patient. This is what a good evaluation must include, numerous events to demonstrate the quality performance. So my thought is again, the more patients observed the better I might look when being evaluated.

Quality is based on this premise….make the best decisions for each and every patient. Remember, your name does appear on every test that you perform. What do you want someone reading the tests you have performed to say about you as the technologist?

By Mark Ryland, R. EP T., R.PSGT, R.N.C.S.T., AuD

As an educator, quality is something I strive for everyday: with every class, every course, and every group of new students. Because my students become an extension of the college, the program, and ultimately of me, I feel compelled to provide a quality education for them. The facilities which hire them and, most importantly, the patients they eventually treat are entitled to the very best.

Competency at various procedures is always vitally important to quality assessment. On the surface, competencies are fairly easy to measure. A student can be graded on how accurately they can measure and mark a head, on their ability to accurately assess if an EEG arousal has occurred during sleep, or explain the effects of a high frequency filter on muscle activity. A student can be assessed in a fairly objective manner on his or her ability to explain the proper electrode placement and stimulus sites for a peroneal motor nerve conduction study, and to accurately label the pathway of an auditory brainstem response. Accreditation organizations and the college look at objective data to determine quality. They analyze pass rates on registry exams, attrition rates for students in the program, and student evaluations for instructors and for the program itself. However, when you are educating students to be future health care professionals, there are more than just competencies and facts involved in quality. In all the science, the anatomy and physiology, and the competencies, the fact is that the profession, in the end, is about treating people.

One of the things service in the military taught me was to be inspired by the dedication of those above me, particularly the senior enlisted men. These were my superiors, and my mentors. Their selfless dedication, passion, and drive inspired me to emulate them. As an educator, it is not just what you teach, but how you teach that ultimately impacts learning. This can be difficult to assess objectively, but it plays a major role in how and what students learn, and in the end has a profound impact on the quality of their education.

Like many things in life, obtaining and maintaining quality is a work in progress. Test results, pass rate, and attrition rates are measures used, and are important gauges educators can use to assess quality. But in the end, it still comes down to treating people. It brings me great satisfaction when a clinical instructor tells me that a student accurately measured and marked a patient’s head, and competently annotated an EEG record. My greatest joy, however, comes when I hear from a clinical instructor that a patient commented on how well they were treated by one of my students during a procedure. Although it is difficult to assess objectively, to me that is one of the greatest measurements of quality.

**Epilepsy Monitoring**

By Cheryl Plummer, R. EEG T., CLTM, BS

One of my goals is to keep abreast of new epilepsy medications. Recently, I was reviewing the list of medications on the Epilepsy Foundation of America’s website (which is a wonderful and very informative website—www.epilepsyfoundation.org), and I came across a new medication and a few others that I did not recognize by the manufacturer’s name.

The first is a medication called Banzel® (rufinamide) which is manufactured by Eisai Pharmaceuticals and used to treat seizures associated with Lennox-Gastaut Syndrome. This medication is usually used as an add-on therapy and is available in 200 mg and 400 mg tablets.

The next is, Sabril® (vigabatrin) which is manufactured by Lundbeck, Inc. for adults and children. I was familiar with Vigabatrin, however I was not familiar with the name Sabril. This medication was approved in August 2009 as add-on therapy for adults with complex partial epilepsy. This medication is used cautiously to help control intractable seizures. A serious side effect is vision loss. This medication is used in adults as an add-on medication; however, it was approved by the FDA as monotherapy for infants with infantile spasms if the benefits outweigh the risks. The recommended dose in adults is 3 g/day and 25 to 50 mg/kg/day in children.

Another medication that we have heard about in the past to treat infantile spasms is ACTH (adrenocorticotropic hormone). This can also be called H.P. Acthar Gel® and is manufactured by Questcor Pharmaceuticals. This is semi-gelatinous medication that is injected intramuscularly and is used for temporary periods of 2 to 12 weeks. There are many other warnings regarding this medication.

Phenytek® (manufactured by Mylan Pharmaceuticals) is an extended release phenytoin. This is used to treat partial and generalized tonic-clonic seizures. Dosing is usually 200 to 400 mg. The extended release medications are very helpful because they increase medication compliance. It is easier for a patient to remember to take medications once a day rather than several times per day.

I am just giving you a little information about these medications, but I wanted to let you know about them so you would be familiar if you run across a patient who is taking one of them. If you wanted to read more about these medications (and many others), epilepsyfoundation.org is a very good start.

I think that it is very important for us to be familiar with the medications that our patients are taking and to know a little bit about each one of them.

All the best for a beautiful Fall.

By Pat Trudeau, R. EEG T., CLTM

Our job this month is to talk about quality in the workplace. When patients enter our lab they immediately notice the framed individual ABRET credentials and the ABRET Lab Accreditation certificate on the wall. We are constantly asked about our training and credentials from patients, family members, and staff.

Every technologist is given a yearly appraisal using ASET competencies and the Clinic appraisal performance. Each employee must complete HIPAA privacy and security training each year. CPR certification must be up to date. Each month we either have a business meeting or an education meeting. In the business meeting policy and procedures are reviewed. Staffing and compliance issues are discussed. In the education meeting we review interesting cases, identify unusual artifacts, discuss troubleshooting, have presentations on seizure classification, seizure semiology, and antiepileptic medications.

Have a wonderful Fall.

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**Intraoperative Neuromonitoring**

By MeChelle Vance, R.EEGEP T., CNIM, CLTM and Ryan R. Lau, R.EEGEP T., CNIM, CLTM, BA

**Communication in the OR**

“Yea that nerve is just messed up.”

“I dunno you must’ve done something.”

“The SSEPS are all fine.”

“The EMG is firing at the foot.”

Communication is a two-way process of reaching mutual understanding in which participants exchange, encode, decode information, and create and share meaning. Monitoring cases can prove

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Intraoperative Neuromonitoring. Cont. from Page 19

to be challenging for the CNIM personnel who is working with a surgeon who may not be familiar with the “lingo.” How many times have you heard “What does that mean?” when reporting a change, or just reporting baseline responses?

As our field continues to expand, sometimes in uncharted territory, we as CNIM(s) are faced with challenge of communicating with surgeon(s) who do not to a certain extent, understand the intricacies of our field. What sets technologists apart from being good or great? Is it the ability to recognize this challenge and “break down” the physiological facet in a way the surgeon understands? I believe so. This in turn allows the surgeon to provide the patient with a more positive outcome.

Let’s listen to Dr. Stone and his technologists.

SCENARIO 1
Tech I: “The Erbs’ SSEP response is gone since you flipped the patient on the bed.”
Dr Stone: “What do you mean?”
Tech I: “You flipped the patient over and now the response is gone.”
Dr Stone: “Do you mean I have injured the patient?”
Tech I: “Maybe, you flipped them.”
Dr Stone: “Well if we move the patient back to the supine positioning will the “responses” come back?”
Tech I: “Don’t know, maybe.”

SCENARIO 2
Tech II: “When the patient was positioned prone, and the shoulders were tapped back, our post-position sensory response at the brachial plexus lost amplitude as well as increased in latency.”
Dr Stone: “Do you think it was positioning?”
Tech II: “Possibly positioning, or possibly the way the shoulders are taped.”
Dr Stone: “Should we un-tape the shoulders and run another response?”
Tech II: “Yes, at this point, I believe that is a good place to start.”

Which example do you believe is a more positive interaction with the surgeon?
Which example do you believe will provide the patient with a more positive outcome?

Greenberg et al. (2007) wrote an article titled Patterns of Communication Breakdowns Resulting in Injury to Surgical Patients stated that “Serious communication breakdowns occur across the continuum of care, typically result from a failure in verbal communication between a surgical attending and another caregiver, and often involve ambiguity about responsibilities. Interventions to prevent these breakdowns should involve: defined triggers that mandate communication with an attending surgeon; structured handoffs and transfer protocols; and standard use of read-backs.”

Time to do work:
Activity:
Look at the table below. Have a friend or co-worker describe your communication style. Is this how you perceive yourself to communicate? Each communication style has strengths and improvement areas. What communication style do you deem best for communicating information to a surgeon who is unfamiliar with the intricacies of our field?

According to Heffner (2010), expressive, analytical, and assertiveness are communication skills that are desired for patient care (Tables 1 and 2).

See tables on page 21

Maxfield et al. (2005) wrote an article titled, Silence Kills: The Seven Crucial Conversations for Healthcare, which provided the following data which found more than half of the healthcare workers surveyed have witnessed a small percentage of their co-workers break rules, make mistakes, fail to support, demonstrate incompetence, show poor teamwork, disrespect them, and micromanage. Many have seen colleagues cutting corners, making mistakes, and demonstrating incompetence. About half of respondents said the concerns have persisted for a year or more. And a significant number of those who have witnessed these persistent problems report injurious consequences. For example, one in five physicians said they have seen harm come to patients as a result of these concerns, and 23% of nurses said they are considering leaving their units because of these concerns. With 195,000 people dying each year in U.S. hospitals because of medical mistakes, this study suggests that creating a culture where healthcare workers speak up before problems occur is a vital part of the solution.

On the positive side, this study shows that the 10 percent of healthcare workers who are confident in their ability to raise these crucial concerns observe better patient outcomes, work harder, are more satisfied, and are more committed to staying in their jobs. The finding suggests that improving people’s ability to candidly discuss these concerns could be a key variable in improving results and saving lives in healthcare. While additional confirming research is needed, the implication is that if more healthcare workers could learn to do what this influential 10 percent seem to be able to do systematically, the result would be significant reductions in errors, higher productivity, and lower turnover.

So not only are communication challenges recognized in our field, it is evident in all aspects of health care.

In conclusion, communication is fundamental in the operating room. It is what sets IONM technologists apart. The key to enhancing our field as well as protecting it is not only to strive to expand knowledge in our field, but to be able to maneuver as well as converse the knowledge successfully for a better rapport with the surgeon. In turn, this provides a more positive outcome for the patient who is on the table intubated and unable to communicate. Remember, we are their voice. Communicate it!

REFERENCES

NERVE CONDUCTION STUDIES
By Jerry Morris, R.N.C.S., T., MS
It was so good to see everyone in Louisville this year. It was a pleasure as always to work with such amazing people as Dorothy, Janet, Brian, and Mark during the NCS course. We just did not have enough time to do everything we wanted to do! Thanks also to those in the class. You were a great bunch to teach – so attentive and easy to talk to. Also a very special congratulations to Cathy Cross, an educator’s educator, for receiving the Theda Samnit Outstanding Educator Award. It is an award long overdue.

Quality in our lab is measured by the technologists themselves and then by the MD reading the study. For EMG/NCS and EP studies, my studies are evaluated by me before the patient leaves the lab and then the

Continued on page 22
### Table 1. Communication Styles

<table>
<thead>
<tr>
<th>FACTORS:</th>
<th>EXPRESSER</th>
<th>DRIVER</th>
<th>RELATER</th>
<th>ANALYTICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Recognize:</td>
<td>They get excited.</td>
<td>They like their own way; decisive &amp; strong viewpoints.</td>
<td>They like positive attention, to be helpful &amp; to be regarded warmly.</td>
<td>They seek a lot of data, ask many questions, behave methodically &amp; systematically.</td>
</tr>
<tr>
<td>Tends to Ask:</td>
<td>Who? (the personal dominant question)</td>
<td>What (the results oriented question.)</td>
<td>Why? (the personal non-goal question.)</td>
<td>How? (the technical analytical question.)</td>
</tr>
<tr>
<td>What They Dislike:</td>
<td>Boring explanations/wasting time with too many facts.</td>
<td>Someone wasting their time trying to decide for them.</td>
<td>Rejection, treated impersonally, uncaring &amp; unfeeling attitudes.</td>
<td>making an error, being unprepared, spontaneity.</td>
</tr>
<tr>
<td>Reacts to Pressure and Tension By:</td>
<td><em>Selling</em> their ideas or argumentative.</td>
<td>Taking charge taking more control.</td>
<td>Becoming silent, withdraws, introspective.</td>
<td>Seeking more data &amp; information.</td>
</tr>
<tr>
<td>Best way to Deal With:</td>
<td>Get excited with them. Show emotion.</td>
<td>Let them be in charge.</td>
<td>Be supportive; show you care.</td>
<td>Provide lots of data &amp; information.</td>
</tr>
<tr>
<td>Likes To Be Measured By:</td>
<td>Applause, feedback, recognition.</td>
<td>Results, Goal-oriented.</td>
<td>Friends, close relationships.</td>
<td>Activity &amp; busyness that leads to results.</td>
</tr>
<tr>
<td>Must Be Allowed To:</td>
<td>Get ahead quickly. Likes challenges.</td>
<td>Get into a competitive situation. Likes to win.</td>
<td>Relax, feel, care, know you care.</td>
<td>make decisions at own pace, not cornered or pressured.</td>
</tr>
<tr>
<td>Will Improve With:</td>
<td>Recognition &amp; some structure with which to reach the goal.</td>
<td>A position that requires cooperation with others.</td>
<td>A structure of goals &amp; methods for achieving each goal.</td>
<td>Interpersonal and communication skills.</td>
</tr>
<tr>
<td>Likes to Save:</td>
<td>Effort they rely heavily on hunches, intuition, feelings.</td>
<td>Time. They like to be efficient, get things done now.</td>
<td>Relationships. Friendship means a lot to them.</td>
<td>Face. They hate to make an error, be wrong or get caught without enough info.</td>
</tr>
<tr>
<td>For Best Results:</td>
<td>Inspire them to bigger &amp; better accomplishments.</td>
<td>Allow them freedom to do things their own way.</td>
<td>Care &amp; provide detail, specific plans&amp;activities to be accomplished.</td>
<td>Structure a framework or ‘track’ to follow.</td>
</tr>
</tbody>
</table>


### Table 2: Communication Styles II

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>PASSIVE</th>
<th>ASSERTIVE</th>
<th>AGGRESSIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>Communication style in which you put the rights of others before your own, minimizing your own self worth</td>
<td>Communication style in which you stand up for your rights while maintaining respect for the rights of others</td>
<td>Communication style in which you stand up for your rights but you violate the rights of others</td>
</tr>
<tr>
<td>Implications to Others</td>
<td>my feelings are not important [I don't matter] [I think I'm inferior]</td>
<td>we are both important [we both matter] [I think we are equal]</td>
<td>your feelings are not important [you don't matter] [I think I'm superior]</td>
</tr>
<tr>
<td>Verbal Styles</td>
<td>apologetic [overly soft or tentative voice]</td>
<td>I statements [firm voice]</td>
<td>you statements [loud voice]</td>
</tr>
<tr>
<td>Non-Verbal Styles</td>
<td>looking down or away [stooped posture, excessive head nodding]</td>
<td>looking direct [relaxed posture, smooth and relaxed movements]</td>
<td>staring, narrow eyes [tense, clenched fists, rigid posture, pointing fingers]</td>
</tr>
<tr>
<td>Potential Consequences</td>
<td>lowered self esteem [anger at self] [false feelings of inferiority]</td>
<td>higher self esteem [self respect] [respect from others] [respect of others]</td>
<td>guilt [anger from others] [lowered self esteem] [disrespect from others]</td>
</tr>
</tbody>
</table>

Nerve Conduction Studies. Continued from Page 20

study is sent directly to the MD who will read that particular study. Sometimes the MD will come by the room while the study is being done and make suggestions about waveforms, latencies, and/or other studies that he/she would like done. Depending on how much time the MD has after an EMG study, we may sit down and discuss aspects of the case such as the nerves tested, muscles examined, the MD’s interpretation, etc. The standards of the MDs are high as are my standards. Reproducibility is a must as far as the NCS exam is concerned. My direct supervisor has little or no contact regarding EMG/NCS/EP quality; she is strictly an EEG tech who may review an occasional EEG recording and make suggestions both good and bad about the EEG. She never sees the EMG/NCS/EP studies except to fax the hard copy and reports to the MD who requests them.

In my hospital and for most of the doctors I work with, registration and/or certification is not necessary, much less required. Most of the neurodiagnostic labs associated with my hospital tend to hire people from other, lower paying positions within the hospital system and train them on-the-job. They rarely search for a quality, registered technologist who would probably want a higher salary. In my department, unfortunately, registration is not required and education is not encouraged. However, several of the MDs I work with are very supportive in regard to educational opportunities and are readily available to answer questions and discuss problematic disease processes and aspects of patient care. Any letters of recommendation and other information are readily available from the physician side, less likely from the department side.

As for evaluations, we are evaluated yearly by our supervisor using criteria that was initiated years ago. It is more generalized than thorough and incorporates more administrative and general duties than special skills and technical aspects of my job. We do not use ASET, AASET, AANEM, or ABRET competencies or certification, although I wish we did. I tend to judge my performance by the comments, evaluations, and critiques of the MDs that I work with and by the comments from the patients. I listen to my patients and value their comments about myself and the exam itself.

I hope each of you as a safe summer and a wonderful fall. If you can, make every effort to get involved with ASET. The Grassroots Campaign is a wonderful place to start. I assure you, it will be time well spent. See you in Atlanta.

NEUROFEEDBACK
By Riki Roger, R. EEG T., BS

As I reflect back on my time in this profession, I find that my own definition of quality now is much different than in years past. Originally, I thought in very concrete terms about quality. It was something that could be measured using a checklist of competencies and skills assessments. Quality certainly might be measured by becoming registered through ABRET for example. However, over the years, my ideas began to change. I left clinical EEG a few years ago and ventured into the world of Neurofeedback. What I had always believed to be quality EEG work began to look very different. This new world required a more holistic approach when working with trainees (patients in the clinical world).

The competencies checklist served me well as an aid to keep me doing things (unconsciously) in a manner consistent with quality care. But, now I was more conscious of the mind and spirit as well as the body. The competency for “establishing rapport” with a patient took on a new meaning when I realized that my role now was a therapist, not a technologist. As a therapist, I began to pay more attention to everything in the patient’s life, not just their physical symptoms. I began to ask more questions about them personally. At one point, I had been taught that etiquette did not permit us to ask questions about a patient’s personal life unless they volunteered it. Right or wrong, it was engrained in my thought process. As a therapist, I found myself asking very different questions and listening intently to what the trainee said.

A quality EEG might be measured by whether the right filters and montages were used or if the technologist made proper notations. Neurofeedback quality might be measured by outcome. In other words, did the symptoms improve? If not, was it because the therapist did poor quality work? What about the trainee who didn’t follow instructions for the ‘homework’ portion of the therapy? Did that mean the therapist was not doing quality work even though the therapist educated the trainee? Education doesn’t always translate into compliance. Truly, quality in this scenario was very difficult to measure.

As I write this, I have moved out of the neurofeedback world into education as the program director for a Neurodiagnostic school. I will have a much different attitude about quality as I work with the students. In a meeting this week, I heard an administrator say “quality is not just hand washing and audits.” The point being made was that quality encompasses viewing our patients or trainees as a whole person. I know it is very difficult when “quantity” of tests performed drives the engine instead of “quality.” However, the balance between “speed” and “need” has to be achieved. It would be easy to ramble on about the obvious at this point but you have all read it and heard it many times.

I will close by illustrating with a recent experience. There was a document that I needed. I went to one location with all the proper paper work and was told I needed one more piece of identity which was not listed anywhere on the web site. The person was very rude and not at all compassionate. I later went to another location with the same paper work plus a lot more. The person who greeted me there did so with a smile and friendly disposition. The same paper work rejected earlier was accepted this time. Then there was another problem. I was told I would have to return again with a letter from a physician. It upset me but my impression of the personnel didn’t change. Why? Because this second person treated me with compassion. They did all they could to make sure the next visit would be easier. The next morning, I went back for the third time and left with a very good feeling. I am sure both of these people were just doing their jobs but it was the attitude that made the difference for me. The first did the checklist (a little too well) and the other did the checklist (thoroughly) but with compassion.

So, when we talk about quality, let’s be sure that we don’t get hung up on just the checklist of competencies. Remember the patient is a whole person not just a test and let’s remember to “do unto other as we would have others do unto us.”

NEW TECHNOLOGIES AND RESEARCH
By Leah Hanson, R. EEG/EP T.

Have you ever felt that you get called in for stat EEGs more frequently during a full moon? Is the Emergency Department overflowing with patients during a full moon? Do patients with epilepsy have more seizures during a full moon? To read more on this interesting topic, check out this website http://health.howstuffworks.com/mental-health/neurological-conditions/ seizure-during-full-moon1.htm.

POLYSOMNOGRAPHY
By Kathy Johnson, R. EEG/EP T., RPSGT

Quality is the hot topic for this newsletter. Quality in a sleep center or lab is often linked to accreditation. The American Academy of Sleep Medicine (AASM) has been accrediting sleep facilities since 1977 and this stamp of approval has become the gold standard for evaluating quality in the field. Many third party payers are requiring sleep labs to be accredited to receive reimbursement for testing and accreditation is one way for the general public to feel comfortable that they are receiving

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Polysomnography... Cont. from Page 22

quality service. In addition to AASM accreditation, many hospital sleep labs also must meet the requirements of The Joint Commission accreditation.

Within the sleep center there are many methods of assuring quality, just as there are in any other health care specialty service. Most of us are all too familiar with the safety standards which are in place to ensure that patients and staff are safe in the environment and these are rigorously monitored in most healthcare facilities. Does your staff know what to do in case of an emergency, such as a fire or other disaster? Do they know how to activate the fire alarm, where the fire extinguishers are and how to use them? When, where, and how should patients be evacuated if this becomes necessary? These procedures should be reviewed at least annually. Does everyone know how to call for assistance in an emergency? In hospital labs this may be as simple as calling a "Code Blue", a "Rapid Response", or even "All Male Personnel." However, in a freestanding sleep lab emergency help may not be at hand and "911" may be your only resource.

Sleep labs are also required to think of the aesthetics in a way few other services must. While most medical procedures are completed without significant thought given to whether or not the patient is relaxed, it is imperative that the patient be able to fall asleep in the sleep center environment. The room must be conducive to sleep, comfortable temperature, quiet, dark, etc., and the technologists must be able to put the patient at ease with the procedure.

Quality is most often thought of in the context of the testing process itself. Performance standards, including annual (or more frequent) competency assessments evaluate the staff on their ability to do the job to which they are assigned. Does someone give the techs feedback on the quality of their recordings? If no one tells them they are not performing well, how would they know? The medical director or manager should be assessing each study for quality and letting the techs know when they fall short and how they can improve. Are electrode impedances within acceptable standards? Is the recording clean with little artifact? Is the accuracy of sleep study scoring being assessed? Is someone giving feedback on the patient's impression of the sleep lab, the testing process, and the technologist? Patient surveys are a great way to see things from their perspective—it is often very different from our own.

Our department has used multiple methods in the past to assess quality and competence. One year we had the "Tech Olympics" for a day when the staff competed in events such as "Synchronized Bed-Making" and "Relay Mask Disinfecting." Another year we had a scavenger hunt with tickets stashed in crucial areas for the staff to retrieve using only clues such as "Go to the department’s evacuation site" or "Locate the fire extinguisher nearest to sleep room #3." Games make it fun for everyone and can still evaluate their knowledge (or teach them if they don’t already know).

Quality has always been an important part of what we do and will be increasingly important as consumers become more savvy about our services and seek out the best of the best and as reimbursement becomes more closely tied to quality and outcomes.

Technologists Working Alone

By Sunday Dole, R. EEG/EP T., CNIM, BAS

The proposed topic for this newsletter is "How do you ensure, demonstrate, recognize, measure, quantify, advertise, etc. Quality in your workplace?" These are interesting questions. Facilities of all types have a hierarchy they have to answer to so they maintain specific ratings in the health care field.

It has been my experience, as a tech working alone; I have little reason to think about any of the above. When applying for a position I have always been interviewed by the physician, office manager, or administrator I am to work for. During this process my work habits, professionalism, background, and references have been thoroughly checked. ABRET certifications and ASET membership have not always been requirements for the position but have been very helpful in accounting for any competence questions.

Most of the places where I have worked have their own forms to be filled out at the time of annual evaluations. This is the time competence questions are addressed by verification methods. The methods have consisted of different types of codes, such as numbers ranging from one to five with one being the lowest score and five being the highest or above average. The use of courses, mandatory reviews, articles, handouts, policy and procedural manuals, standards of care, etc. have been and are still used for proof of competence. Continued educational pursuits are also considered as a verification method.

Patient evaluation forms are a method of determining what goes on "behind closed doors." These forms may cover questions from the time a patient enters the department until after completion of the study and they walk out the door. Establishing a trust position is the most important factor when it comes to taking care of a patient. This trust is established during the history taking and set up for the test to be performed. At the end I always shake hands with the patient whose test I have just completed and tell them how nice it was to have met and worked with them. I wish them the best of luck and tell them to have a wonderful rest of the day. As a result I have had patients thank me for taking such good care of them. I have had them kiss my hand or forehead in appreciation. In my book this rates a five on the patient report scale.

As a registered technologist working alone I have found that by following the ASET Competencies for EEG and Evoked Potentials I have little to be concerned about when it comes to competence evaluations.

I trust myself to do studies in a professional, efficient, confident and caring manner, therefore, the patients and physicians who read the studies trust me also.
The following listings are numbers and addresses frequently requested from the ASET Executive Office. They are published as a service to members.

**International & Foreign END Societies**

**Canadian Association of Electroneurophysiology Technologists**
Kimberly Skanes, RET, RT [EMG], The Moncton Hospital Electrodiagnostic Services, 135 MacBeath Ave., Moncton, NB E1C 6ZB; 506.857.5272; 506.857.5697 fax; kiskanes@sehcc.health.nb.ca; www.caet.org

**International Organisation of Societies for Electrophysiological Technology [OSET]**
Karen Woolcock, Staffordshire General Hospital, Stafford, ST16 3SA, United Kingdom: +44(0)1785 230237 fax; karenwoolcock@hotmail.com

**Regional, State & Local END Societies**

**Alabama Society of Electroneurodiagnostic Technologists**
Territory covered: State of Alabama
President: Mary Franklin, R. EEG T.
4968 County Road 22, Ashville, AL 35953
256.490.6664; littlm@yahoo.com

**Central Society of Electroneurodiagnostic Technologists (CSET)**
Territory covered: States of Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
www.csetonline.org

**Charles E. Henry Society of Electroneurodiagnostic Technologists**
Territory covered: State of New York, New England area
President: Nancy Finn, R. EEG T.
Albany Medical Center, CNP Lab, MC-39; 47 New Scotland Avenue, Albany, NY 12208; 518.262.3566; finnn@mail.amc.edu; www.cehenrysociety.org

**Illinois Society of END Technologists (ISET)**
Territory covered: Chicagoland area, Southern Illinois
President: Phyllis Videtric, R. EEG T.
815.725.7133, ext. 2150; Phyllis.videtric@provena.org; www.isetonline.org

**Indiana Society of Electroneurodiagnostic Technologists and Technicians**
Territory covered: State of Indiana
President: Sabrina Faust, R. EEG EP T., CNIM, CLTM
317.962.8561; S_Faust_77@yahoo.com; www.isetonline.org

**Iowa Association for Electroneurodiagnostic Technologists**
Territory covered: State of Iowa
President: Coral Waggoner, RPSGT, RCP, MBA
6545 NE 12th Avenue, Pleasant Hill, IA 50327; 515.710.3819; cwaggoner@mercydesmoines.org

**Michigan Society of Electroneurodiagnostic Technologists**
Territory covered: State of Michigan
President: Mary Harvey, R. EEG EP T., R.NCS.T., CNIM
4058 Morningside Ln; Saginaw, MI 48603
989.907.8916; mharvey@stmarysofmichigan.org; www.msetinfo.org

**Minnesota Electroneurodiagnostics Technologist Society**
Territory covered: State of Minnesota, portions of Iowa and Eastern Dakota’s
President: Sandra Thorpe Vazquez, R. EEG T.
mnmts@mnmts.org; www.mnmts.org

**North Carolina Society of Electroneurodiagnostic Technologists**
Territory covered: State of North Carolina
President: Rebecca Rendahl, R. EEG T., RPSGT
10705 Biroc Ct, Raleigh, NC 27614
919.449.0886; renda004@mc.duke.edu

**North Eastern Society of Electroneurodiagnostic Technologists (NESENT)**
Territory covered: Lehigh Valley, Eastern Pennsylvania
President: Kathleen Curzi, R. EEG EP T.
2028 Country Place, Bethlehem, PA 18018
610.867.7183; kmcurzii@ptd.net

**Southern Society of Electroneurodiagnostic Technologists (SSET)**
Territory covered: States of Alabama, Florida, Georgia, North Carolina, South Carolina, Tennessee, Virginia
President: Mary Mondul, R. EEG T., RPSGT
mmmondul@yahoo.com; www.sset.org

**Western Society of Electrodiagnostic Technologists**
President: Frances Perdue, R. EEG T., CNIM
559.908.3726; neurologytesting@comcast.com

**Wisconsin Society of Electroneurodiagnostic Technologists (WISET)**
Territory covered: State of Wisconsin
www.wiset.org

**Other Resources**

**Committee on Accreditation for Education in Electroneurodiagnostic Technology [CoA-END]**
Theresa Sisneros
6654 S. Sycamore St., Littleton, CO 80120
303.738.0770; 303.738.3223 fax
office@coa-end.org

**Epilepsy Foundation**
8301 Professional Place, Landover, MD 20785-7223; 800.332.1000; www.epilepsyfoundation.org
Board Prep Pass Pros!

Fort Lauderdale / Chicago / Southern California / New York / North Carolina
Rebecca Clark-Bash, R. EEG/EP T, CLTM, CNIM, FASNM

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- Only Premier COMPREHENSIVE technologist-to-physician training group applying quality education for quality healthcare on a full-time basis
- Beginner to advanced level education
- Our philosophy is every student is part of the experience and every student has fun in the process.

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- Polysomnography Board Prep NEW Format
- Nerve Conduction Exam Prep

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- Nerve Conduction Studies
- Physician Training
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2010 COURSES

- EEG Fundamentals
  November 1 – 5
- Evoked Potential Fundamentals
  October 11 – 15
- Intraoperative Monitoring Fundamentals
  November 18 – 20
- Nerve Conduction Studies
  October 8 - 9
- Polysomnography
  TBA

Knowledge Plus, Inc., P.O. Box 356, Lincolnshire, Illinois 60069
E-mail: opcal@aol.com, Phone: 815.341.0791, Fax: 847.940.9104
www.eKnowledgePlus.net

ASET calendar of events

2010 ASET EDUCATIONAL SEMINARS
October 23 – 24, 2010
Ann Arbor, MI [Host – University of Michigan Health System]
EEG Technology: A Comprehensive Review Course
Essentials of LTM and ICU Monitoring

Announcement Policy - The appearance of meeting, course and workshop announcements in this newsletter does not constitute endorsement or approval by ASET of the content or quality of the program. Announcements are accepted subject to publishers approval, must be relevant and may be altered for clarity, style and length. Most events are paid advertising.
The ASET Executive Office has moved!

Our new address is:
402 East Bannister Road, Suite A
Kansas City, MO 64131-3019

Our telephone and fax numbers remain the same:
Phone: 816.931.1120
Fax: 816.931.1145