

Historical Interview: M. (Mary) Fran Pedelty, R. EEG T.

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1. Name, where/when you received credentials, where do you currently work?

M. (Mary) Fran Pedelty, R. EEG T., retired

I successfully completed the EEG oral exams at the Cleveland Clinic in 1975. However, the trip to Cleveland was as stressful as the face-to-face, four-part orals. A snowstorm in Iowa grounded air travel, so I boarded a Greyhound bus to Chicago only to find all flights at O'Hare had also been cancelled. In those days, if a flight was cancelled, the airline rebooked your flight, paid for your hotel and meals, and paid cab/bus fare to the hotel. It took 1 ½ days to arrive in Cleveland and, thankfully, I passed the exams. I continued working in EEG in Des Moines until 1977 when I moved to Carroll, Iowa. Then in 1982 I began a 20-year career as Executive Director of ASET, the American Society of EEG Technologists, which became the American Society of Electroneurodiagnostic Technologists and is now known as ASET – the Neurodiagnostic Society

2. What drew you to EEG and diagnostics?

I was drawn to EEG by the enthusiasm exhibited by the person who conducted my interview for a job where I would be learning EEG on-the-job. I was working in the recreation therapy department located next to the EEG Lab at Lutheran Hospital in Des Moines. Margaret Gordon, the sole tech, wanted to expand the lab hours and I decided to apply after talking with Margaret.

3. Was this a popular specialty when you were starting your career?

No, very few people knew about EEG, not even other healthcare workers. Many people confused EEG with EKG, and the lay person today still doesn't know. There were few schools for individuals who wanted to enter the field.

4. Who were your early mentors?

My initial exposure to EEG was guided by Margaret Gordon, a graduate of the University of Iowa EEG School (one of the Nation's first EEG schools). Dr. Martin Krakauer was my first EEG interpreter. He would thoroughly describe the activity seen in the EEG recording, which was an early learning tool for me. Neurologist Dr. Michael Stein, who was an instructor for the Des Moines School of Osteopathic Medical, was a gracious guide for my study of clinical neurology. He would allow me to join with his medical students for "grand rounds" and encouraged my search for clinical application of the book studies. His help was key when I was studying for the oral EEG Board exams. Years later, when I started as Executive Director of ASET, Kathy Mears was a huge influence on my professional and personal life. She loved to learn and inspired others to

seek education. Kathy was a fun-loving person who could always maintain her professional composure.

5. What were your earliest career influences?

My father was a physician who practiced internal medicine and read the cardiograms, so I was exposed to medicine at an early age. But, I was drawn more to art and graduated with a BS in Applied Art. When I thought about it years later, I wondered if art influenced my interest in the patterns and waveforms of EEG. I think it's also interesting that my first EEG teacher had been a fine arts grad. Attaining credentials in EEG was stressed by mentors as the mark of a professional so there was no question about that goal. Membership in professional organizations and attending meetings were both encouraged so I joined the American Society of EEG Technologists, the Central Society of EEG Techs, and I helped to found the Iowa Association of EEG Technologists. In the early 70s employers were fully funding continuing education so I was fortunate to be able to attend national, regional, state, and local meetings. My first EEG meeting and classes were in Minneapolis, I think it was 1971.

6. If you had not become an EEG technologist/physician, what would you like to have done?

Before EEG, I was working in recreational therapy and had been hired to work with mental health patients on a weaving loom (weaving was one of my college minors). If the hospital had gotten the loom when promised, I may never have moved to EEG.

7. Why do you think this field took off when and how it did?

It was the expansion of EEG and evoked response testing in to the operating room that prompted the greatest interest. Higher salaries for techs made the neurodiagnostic field more attractive and the critical role/responsibility in the operating room lends a prestige that was not earlier attained.

8. What equipment did you train on? What were the main limitations of it?

The EEG lab had one, 16 channel Grass analog instrument when I started. I was not aware of any limitation because this was the "state-of-art" instrumentation.

9. What other equipment have you used over the years and could you summarize the pros and cons of each?

I can't answer this, since my recording career ended before the field and equipment expanded.

10. What memories do you have of your training program?

My instruction was not conducted in a formal school, although my teacher, Margaret Gordon, had graduated from the EEG Program at the University of Iowa and would go back there to Head the EEG School for many years. My on-the-job training lasted only 8 months because Margaret moved back to Iowa City. I did have the opportunity to spend two weeks in the Iowa City EEG lab as an unpaid tech while I was preparing for the oral EEG Boards.

11. What are the main ways in which the field has changed over your career?

When I started, on-the-job training was the most common way to learn EEG and you were lucky if you were able to perform just EEGs and not have to work in another technology such as EKG or respiratory therapy. Technologists working in smaller hospitals and clinics did not have enough physician referrals to support a specialty lab, so techs who performed only EEG procedures were not viable. When neurodiagnostic technology expanded beyond EEG, an avenue was opened for techs to become more valuable. However, the ability to learn more diverse neuro procedures was limited for those who did not have access to new technology or who lacked the funds to travel to courses. The financial support for continuing education dried up when reimbursement for medical procedures spurred employers to cut back on funding for education. Now, access to education has changed. There are more schools and online courses make it possible for technologists to more easily gain knowledge and attain professional credentials. With professional credentials it is now possible for the technologists to become independent contractors. They have started their own companies and have become the employers.

12. How has scientific knowledge changed the field? What do you think were the big breakthroughs?

Studying the brain will always present new discoveries. Advances in instrumentation coupled with new applications of the technology have “grown” the field. The expanding technology has meant a more varied and interesting career.

13. What are the 2-3 big issues in EEG that people are working on to solve today?

Public awareness and recognition of neurodiagnostics as a profession will always be an issue. It wasn't until 1984 that efforts began with a formal yearly campaign for public recognition of the neurodiagnostic field and technologists.

Respect for the degree of knowledge and experience needed to perform the varied neurodiagnostic procedures.

Encroachment by other licensed professions

14. What are the main areas of professional discussion/disagreement today?

The problem of under-educated physicians who are interpreting neurodiagnostic studies

Encroachment by other licensed professions

15. What are you most proud of in your professional life?

Co-founding the Iowa Association of EEG Technologists in the mid 1970s;

Serving as ASET's Executive Director for 20 years;

Leading efforts for the recognition of electroneurodiagnostics as a profession and creating the slogan for the first EEG week in 1984: "EEG – It takes Brains to Do It";

Initiating programs for the Women's Mentoring as an Interest Section for the Association of Schools of Allied Health Professions Annual Meetings in the 1990s; and

Helping to create the Health Professions Network in 1995 and serving on the Coordinating Team until my retirement in 2002

16. Where do you see neurodiagnostics in 10 years?

I am hoping credentialed neurodiagnostic technologists will begin to have the autonomy to perform and interpret the procedures they perform.

17. What is the best piece of advice that you have ever received?

Personal integrity is everything.

18. Is there anyone else in electroencephalography that you think would be beneficial to talk to?

Be sure to include Maggie as she is the person most responsible for the on-line education that has so greatly advanced access to education and visibility for ASET

19. Who are the prominent electroencephalographers (living or deceased) who should be documented?

The source for that determination is you, Lucy. I can't think of anyone who isn't obvious.