JOB TITLE: INTRAOPERATIVE NEUROMONITORING (IONM) SPECIALIST LEVEL III

GENERAL SUMMARY: An Intraoperative Neuromonitoring Specialist Level III has Certification in Neurophysiologic Intraoperative Monitoring (CNIM)* and has a minimum of 5 years experience in intraoperative neurophysiologic monitoring. This person also holds a Bachelor’s degree from an accredited institution and/or has one or more of the following registries; registry in electroencephalography (R. EEG T.)* and/or registry in evoked potentials (R. EP T.)* and/or registry in nerve conduction studies (R. NCS T.)**. A Level III IONM Specialist has proven competence in the performance of complex multi-modality intraoperative neuromonitoring, and is able to modify monitoring techniques to accommodate a diverse variety of intraoperative situations. Strong, well-developed communication skills are essential for this position. An Intraoperative Neuromonitoring Specialist Level III works under general supervision3 during all IONM procedures.

This description of credentials and years of experience is reflective of the minimum qualifications that should be held by an individual employed by an institution as an independently contracted neuromonitoring service provider.

3General supervision requires that the procedure is performed under the general direction and oversight of a physician/neurophysiologist; however, they are not required to be available during the performance of the procedure. (In this case the surgeon may fulfill this role, and is responsible for the neuromonitoring interpretation, and course of action taken, based upon the neuromonitorist’s description of the recorded data.)

Complete Intraoperative Neuromonitoring Specialist Training Level, and Levels I, II and III job descriptions may be located by contacting the American Society of Electroneurodiagnostic Technologists, Inc. (ASET) or by visiting the website at www.ASET.org.

MINIMUM REQUIREMENTS: An Intraoperative Neuromonitoring Specialist Level III must:
1.) Hold current Certification in Intraoperative Neurophysiologic Monitoring (CNIM)*.
2.) Hold a Bachelor’s degree from an accredited college or university, or they must hold one or more of the following registries; registry in electroencephalography (R. EEG T.)* and/or registry in evoked potentials (R. EP T.)* and/or registry in nerve conduction studies (R. NCS T.)**.
3.) Provide an attestation of their competence in the performance of complex multi-modality intraoperative neuromonitoring from their mentor (IONM Specialist level III or physician/neurophysiologist).
4.) Have a minimum of 5 years of experience in intraoperative neurophysiologic monitoring.
5.) Have strong well-developed communication skills.
LEVEL OF EXPERIENCE: Must have a minimum of 5 years of experience in intraoperative neurophysiologic monitoring, and provide an attestation of their competence in the performance of complex multi-modality intraoperative neuromonitoring from their mentor (IONM Specialist level III or physician/neurophysiologist). Experience in training and guiding (mentoring) other levels of specialists in intraoperative neuromonitoring is also desirable.

EDUCATION: Completion of a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited Electroneurodiagnostic (END) Program or a Bachelor’s Degree or higher from an accredited institution is preferred. It is recommended that education in Sterile Technique and operating room orientation per institution protocol be required.

REPORTS TO: An Intraoperative Neuromonitoring Specialist Level III works under general supervision during all IONM procedures.

PRINCIPAL DUTIES AND RESPONSIBILITIES: Expected level of competency in performance of the duties and responsibilities listed below is:
- Extensive knowledge in neuroanesthesia and its application to Neuromonitoring
- Abreast of current practices in Neuromonitoring through extensive reading of published data
- Can perform all duties and responsibilities for multi-modality requests of monitoring independently.
- Maintain continuing education requirements of ABRET for CNIM certification by reviewing literature for latest accepted practices and electrical safety relevant to equipment and testing.
- Establish lab policies and protocols according to ASET Guidelines.
- Knowledge and practice of department management including budgeting, scheduling and equipment purchase.
- Experience in tutoring, demonstrating and mentoring of other team members.
- Provides direct personal supervision and indirect supervision to IONM Specialist Training Level, Level I, and Level II as required.

Preoperatively: Review planned intraoperative procedure and orders for monitoring to determine the structures at risk relative to patient history/pre-existing conditions and monitoring requested. Make needed adjustments in monitoring by communicating with correct personnel while maintaining patient confidentiality according to lab protocol.
- Communicate with needed departments to obtain access and scheduling of patient according to lab protocol.
- Prepare equipment and supplies for required monitoring of patient according to lab protocol.
Identify correct patient by name, ordering surgeon, and type of procedure to be performed and communicate the monitoring plan to the patient/caregivers/family in language consistent with their ability to understand.

Measure and mark correct recording and stimulation sites and apply electrodes according to lab protocol.

**Intraoperative:**
- Position monitoring equipment in the operating room to ensure patient electrical safety and ability to communicate with team members including anesthesia, surgeon and nursing staff according to lab protocol.
- Communicate with other team members needs to enhance monitoring results.
- Discuss with surgeon baseline recordings according to lab protocol. Make any needed adjustments in monitoring according to lab protocol.
- Monitor neurophysiologic central/peripheral functioning throughout the operative procedure communicating with surgeon, neurophysiologist, anesthesiologist and nursing staff as necessary according to lab protocol.
- Document in surgery log throughout the monitoring process all relative communications/responses, physiological status of the patient, anesthetic adjustments/changes, waveform changes and verbal responses to communication according to lab protocol.
- Discontinue monitoring and remove all monitoring and stimulation electrodes, checking sites for pre-monitoring status according to lab protocol.

**Post-operatively:**
- The Neuromonitoring specialist should clean/disinfect electrodes and equipment according to lab protocol. Restock equipment and electrode lab supplies.
- Print needed documents including waveforms, Neuromonitoring specialist report and surgery log to be dictated by interpreting personnel according to lab protocol.
- Charge and log patient according to lab protocols.
- Conduct and establish lab protocol according to a manner consistent with ASET guidelines.

**Physical Skills:**
- Frequent walking 34-63%
- Sitting /standing 67-100%
- Reaching including above/below shoulder height 33%
- Frequent kneeling/crawling 5%
- Pulling and pushing > 50 pounds 10%
- Carrying or pushing < 50 pounds 25%
- Frequent bending /stooping/crouching/twisting and continuous repetitive movements

**Physical Exposure:**
- Lighting bright and dim, mechanical hazards, hazardous substances, infectious diseases, ionizing/non-ionizing radiation and toleration of temperature ranges 60-75 degrees F.
Physical Ability:
- Good vision, normal color vision
- Hearing moderate
- Manual dexterity good
- Talking/speech good
- Computer skill above average, good typing skills.
- Requires the ability to concentrate for extended amounts of time under stressful conditions in order to properly and effectively perform neurophysiological monitoring and testing.

1 Direct personal supervision requires that an IONM Specialist II or III or a physician/neurophysiologist who performs all technical aspects required for neuromonitoring, must be physically present in the room at all times during the entire performance of the procedure.

2 Indirect supervision requires that an IONM Specialist III and/or a physician/neurophysiologist must be immediately available to provide assistance and direction throughout the procedure. (In some cases the surgeon may fulfill this role, and be responsible for the neuromonitoring interpretation, and course of action taken, based upon the neuromonitorist’s description of the recorded data.)

3 General supervision requires that the procedure is performed under the general direction and oversight of a physician/neurophysiologist; however, they are not required to be available during the performance of the procedure. (In this case the surgeon may fulfill this role, and is responsible for the neuromonitoring interpretation, and course of action taken, based upon the neuromonitorist’s description of the recorded data.)

*This registry is offered by the American Board of Registry of Electroencephalographic and Evoked Potential Technologists (ABRET).

**This registry is offered by the American Association of Electrodiagnostic Technologists (AAET). The R. NCS T. credential has replaced the registry in electrodiagnostic technology (R. ED T.) credential.

***As cited in the American Society of Electroneurodiagnostic Technologists (ASET) Position Statement on Electroneurodiagnostic Technologists in the Operating Room, appropriate credentials for the procedure performed are as follows: for intraoperative electroencephalography, the recognized credentials are Registered Electroencephalographic Technologist (R. EEG T.) and/or Certificate in Neurophysiologic Intraoperative Monitoring (CNIM). For intraoperative evoked potentials, the recognized credentials are Registered Evoked Potential Technologist (R. EP T.) and/or Certificate in Neurophysiologic Intraoperative Monitoring (CNIM). For intraoperative electromyography, the recognized credentials are Registered Electrodiagnostic Technologist (R. ED T.) (now called Registered Nerve Conduction Study Technologist-R. NCS T.), and/or Registered Evoked Potential Technologist (R. EP T.), and/or Certificate in Neurophysiologic Intraoperative Monitoring (CNIM).