

Guideline 4: Standards of Practice in Clinical Electroencephalography

1. Minimal Qualifications for a Clinical Electroencephalographer

These standards are proposed for individuals entering the EEG field after 1978. Many highly competent electroencephalographers who entered the field before 1978 and currently interpret EEGs do not meet the requirements listed below.

1.1 The clinical electroencephalographer should be a physician with board eligibility or certification in neurology, pediatric neurology, neurosurgery, or psychiatry.

1.2 Training should meet the minimal requirements for examination by the American Board of Clinical Neurophysiology. Their eligibility requirements can be found on their website, www.abcn.org. The American Board of Psychiatry and Neurology (ABPN) offers a Subspecialty in Clinical Neurophysiology examination as well. Eligibility details for this examination can be found at www.abpn.com.

2. Qualifications of Electroneurodiagnostic Technologists

2.1 The qualifications of electroneurodiagnostic technologists shall be those set forth in Guidelines from this and allied organizations. Registries in electroencephalographic or evoked potentials technology (R. EEG T., R. EP T.), administered by the American Board of Electroencephalographic and Evoked Potentials Technologists (ABRET), are encouraged for entry-level technologists. Eligibility information about these examinations can be found at www.abret.org.

2.2 In no case should a technologist with less than 6 months of supervised clinical experience, following formal training, operate independently or in an unsupervised capacity.

3. Laboratory Organization

3.1 The laboratory director shall have the primary responsibility for the overall operations and policies of the laboratory. The policies of the laboratory should be documented in a policy and procedures manual. Under the supervision of the EEG laboratory director, the chief EEG technologist shall be responsible for the daily operation of the laboratory. The chief technologist, together with the laboratory director, shall maintain the highest standards of EEG technical practice.

3.2 All EEGs should be analyzed by, and official reports, including clinical interpretations, provided by, a qualified electroencephalographer. Under no circumstances should a technologist, however well-qualified and experienced, have primary responsibility for clinical interpretation of EEGs. Qualified technologists, however, should be able to give a descriptive technical report of the record.

3.3 Records should be maintained in an orderly manner and should be available for review by the patient's referring physician and other qualified persons.

4. Equipment

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Technical standards recommended by the American Clinical Neurophysiology Society (ACNS) Medical Instrumentation Committee and the International Federation of Clinical Neurophysiology (IFCN) should form the basis for selection of clinical EEG equipment.

4.1 Basic recording equipment should conform to the recommendations of Guideline 1: Minimum Technical Requirements for Performing Clinical Electroencephalography and Guideline 8: Guidelines for Recording Clinical EEG on Digital Media.

REFERENCE

1. American Society of Electroneurodiagnostic Technologists, Job descriptions for Electroneurodiagnostic Personnel (2001), <https://www.aset.org/>.