Reference Committee B

Resolution: 201 – Intraoperative Neurophysiologic Monitoring

The American Academy of Audiology, the American Society of Neurophysiological Monitoring, and the newly formed American Board of Accreditation for Intraoperative Neuromonitoring Programs appreciate the opportunity to comment on the American Medical Association House of Delegates Resolution 201, addressing intraoperative monitoring as the “practice of medicine.”

While we understand the intent of the Resolution, we would like to apprise you of some of our concerns and urge you NOT to adopt the resolution. Much of the intraoperative neurophysiologic monitoring and interpretation throughout the United States is performed by audiologists and other non-physicians credentialed to perform neurophysiologic monitoring and interpretation. These professionals are highly and specifically trained to do these procedures that are found in their scopes of practice. In fact, many of the founders of the field were non-physicians. These non-physicians, through accurate interpretation of the results of monitoring, research and delineation of standards of practice appropriately have lead to the advancement of the field to its current level. By virtue of intra-operative neuromonitoring (IONM) being performed and interpreted by highly educated and qualified professional non-physicians, the incidence of neurological sequelae has been minimized significantly over the years. Due to this surgical team-based process, there is constant communication between the surgeon, the team leader, the audiologist or board certified neuromonitoring professional and the anesthesiologist during the entire surgical procedure. These highly qualified non-physician professionals have helped guide the course of surgery and have been integral to discussions of appropriate intervention by the surgeon and anesthesiologist based on their vast knowledge and experience in this specialty field.

In particular, intraoperative neurophysiologic monitoring has been within the “scope of practice” for audiologists for many years (http://www.audiology.org/publications/documents/practice/, 2004). Audiologists are university-trained professionals with a minimum of a Master’s degree, more likely to have a Ph.D. and/or an Au.D. who work in private practices, in affiliations with hospitals, clinics, non-profit facilities as well as with the military, government and academic medical institutions.

There are other standards recognizing skills in the interpretation of intraoperative neurophysiologic monitoring. In particular, the American Board of Neurophysiologic Monitoring (ABNM) provides a certification in intraoperative monitoring based on a rigorous set of written and oral examinations along with training, educational requirements, and practical experience.

It is our recommendation that Resolution 201 be amended to acknowledge the critical role that appropriately trained and credentialed non-physician professional level practitioners play in providing and interpreting neurophysiologic information to the operating surgeon in real time to assist in avoiding iatrogenic injury.

We strongly believe that intraoperative neurophysiologic monitoring is best performed as part of a cooperative team effort that is always headed by the appropriately trained and boarded surgeon. We however believe that appropriately trained audiologists and boarded non-physician neurophysiologists can safely and effectively practice the interpretation of intraoperative neurophysiologic events in this cooperative environment in the same manner as an equivalently experienced physician.
All of our societies welcome the opportunity to work together with the AMA to further define the important role that non-physicians with graduate degrees, founders in their respective fields who have proven competencies in intraoperative monitoring, play in intraoperative neurophysiologic monitoring. We recommend that we schedule a meeting in which the issues could be defined and settled to the advantage of all, most importantly the patients. We strongly believe that unilateral action on the part of any group will produce division and lead to difficulties in providing this important service.

Sincerely,

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