

# NeuroTrace Study Guide

**Domain:** Domain IV – Professional Practice, Documentation & Ethics

**Section:** EEG Documentation & Reporting Standards

**Style:** Structured, policy-based, exam-oriented

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## 1. Core Principles (Must Know)

### EEG Reports Are Legal Medical Documents

- **EEG reports are legal medical documents**
- Reports are part of the medical record
- Subject to legal review
- Must be accurate and complete

### Documentation Must Be

#### Accurate

- **Accurate:** Report findings correctly
- No exaggeration or minimization
- Factual and truthful
- Based on actual observations

#### Objective

- **Objective:** Neutral, unbiased language
- Avoid subjective interpretations
- Use standardized terminology
- Describe, don't interpret

#### Complete

- **Complete:** Include all required elements
- Document all relevant findings
- Note technical parameters
- Record events and responses

### Technologists Document Observations, Not Diagnoses

- **Technologists document observations, not diagnoses**
- Describe what is seen
- Do not diagnose conditions
- Do not provide medical interpretations

### Key Principle

- **If it isn't documented, it didn't happen**
- Documentation is essential
- Undocumented findings don't exist
- Complete documentation protects all parties

### Practical Application

- Document all findings accurately
- Use objective, standardized language
- Stay within scope of practice

- Complete all required report elements
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## 2. Required EEG Report Components

### Patient Demographics (As Permitted)

- **Patient demographics (as permitted)**
- Patient identifiers (as allowed by policy)
- Age, sex (if relevant to interpretation)
- Date of birth (if permitted)
- Medical record number (if applicable)

### Date and Duration of Study

- **Date and duration of study**
- Date and time of recording
- Duration of recording
- Time of day (if relevant)

### States Recorded (Wake, Sleep)

- **States recorded (wake, sleep)**
- Wakefulness
- Drowsiness
- Sleep stages (if applicable)
- State transitions

### Activation Procedures Used

- **Activation procedures used**
- Hyperventilation (if performed)
- Photic stimulation (if performed)
- Sleep deprivation (if applicable)
- Other activation procedures

### Technical Parameters

#### Montage

- **Montage:** Document montages used
- Bipolar, referential, or both
- Specific montage names (if applicable)
- Montage changes during recording

#### Filters

- **Filters:** Document filter settings
- Low-frequency filter (LFF)
- High-frequency filter (HFF)
- Notch filter (if used)

#### Sensitivity

- **Sensitivity:** Document sensitivity settings
- Sensitivity in  $\mu\text{V/mm}$
- Sensitivity changes (if any)

### Observed EEG Findings

- **Observed EEG findings**
- Background activity
- Normal patterns
- Abnormal patterns
- Artifacts (if significant)

### Technical Difficulties or Artifacts

- **Technical difficulties or artifacts**
  - Equipment problems
  - Significant artifacts
  - Interruptions in recording
  - Technical limitations
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## 3. Objective Descriptive Language

### Use

#### "The EEG demonstrates..."

- **"The EEG demonstrates..."** (Objective description)
- Example: "The EEG demonstrates a well-organized 9 Hz posterior dominant rhythm."
- Neutral, factual language
- Describes what is present

#### "There is evidence of..."

- **"There is evidence of..."** (Objective description)
- Example: "There is evidence of focal slowing over the left temporal region."
- Neutral, factual language
- Describes findings without interpretation

### Avoid

#### "This indicates epilepsy"

- **"This indicates epilepsy"** (Diagnostic statement - AVOID)
- This is a diagnosis, not a description
- Technologists do not diagnose
- Stay within scope of practice

#### "The patient has..."

- **"The patient has..."** (Diagnostic statement - AVOID)
- This implies diagnosis
- Technologists describe EEG, not patient conditions
- Use "The EEG shows..." instead

### ABRET Emphasis

- **Descriptive, neutral language is required**
- Use objective terminology
- Avoid diagnostic language
- Describe findings, not conditions

### Best Practice

- Use standardized terminology

- Describe what is seen
  - Avoid interpretive language
  - Stay within scope of practice
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## 4. Scope of Practice

### Technologists

#### Describe EEG Findings

- **Describe EEG findings**
- Document what is observed
- Use objective language
- Report technical observations

#### Report Events

- **Report events**
- Document clinical events (seizures, behaviors)
- Document technical events (equipment issues)
- Document safety events

### Physicians

#### Interpret and Diagnose

- **Interpret and diagnose**
- Physicians interpret EEG findings
- Physicians make diagnoses
- Physicians correlate with clinical presentation

#### ABRET Trap

- **Making diagnostic statements exceeds scope**
- Technologists do not diagnose
- Avoid diagnostic language
- Stay within scope of practice

#### Best Practice

- Know your role and limitations
  - Describe findings objectively
  - Do not diagnose or interpret
  - Refer diagnostic questions to physician
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## 5. Documentation of Events

### Seizures

- **Seizures:** Document seizure events
- Time of onset
- Duration
- Description of activity
- Response taken

#### Documentation Must Include

- **Time:** Exact time of event

- **Description:** Detailed description of activity
- **Response:** Actions taken
- **Outcome:** Patient status after event

### Patient Behavior

- **Patient behavior:** Document significant behaviors
- Movements, responses
- State changes
- Clinical observations
- Relevant patient interactions

### Technical Interruptions

- **Technical interruptions:** Document technical issues
- Equipment problems
- Recording interruptions
- Artifact sources
- Resolution of issues

### Safety Events

- **Safety events:** Document safety-related events
- Adverse reactions
- Equipment malfunctions
- Patient distress
- Emergency responses

### Documentation Must Include

#### Time

- **Time:** Exact time of event
- Document when event occurred
- Include duration if applicable
- Note time relative to recording

#### Description

- **Description:** Detailed description
- What happened
- Where it occurred
- How it appeared
- Relevant details

#### Response Taken

- **Response taken:** Actions taken
- What was done
- Who was notified
- Outcome of response
- Follow-up actions

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## 6. Confidentiality & Legal Considerations

### Follow HIPAA-Equivalent Standards

- **Follow HIPAA-equivalent standards**

- Protect patient privacy
- Secure storage of records
- Proper access controls
- Compliance with regulations

### Protect Patient Identifiers

- **Protect patient identifiers**
- Limit access to authorized personnel
- Secure storage of reports
- Proper disposal of records
- Follow facility policies

### De-Identify Teaching Materials

- **De-identify teaching materials**
- Remove patient identifiers
- Remove dates and locations
- Remove unique identifiers
- Follow de-identification protocols

### Best Practice

- Maintain patient confidentiality
  - Follow HIPAA regulations
  - Secure storage and disposal
  - De-identify teaching materials
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## 7. Common ABRET Exam Traps

### Trap 1: Including Diagnostic Impressions

- **Reality:** Technologists do not diagnose
- **Trap:** May include diagnostic statements
- **Solution:** Describe findings, don't diagnose
- **ABRET focus:** Scope of practice boundaries

### Trap 2: Omitting Technical Parameters

- **Reality:** Technical parameters are required
- **Trap:** May omit filter, sensitivity, montage settings
- **Solution:** Document all technical parameters
- **ABRET focus:** Required report elements

### Trap 3: Vague or Subjective Language

- **Reality:** Objective, standardized language is required
- **Trap:** May use vague or subjective terms
- **Solution:** Use specific, objective terminology
- **ABRET focus:** Proper terminology

### Trap 4: Failure to Document Adverse Events

- **Reality:** All events must be documented
- **Trap:** May fail to document seizures, technical issues
- **Solution:** Document all significant events
- **ABRET focus:** Complete documentation

### Trap 5: Using Interpretive Language

- **Reality:** Descriptive language is required
  - **Trap:** May use interpretive language
  - **Solution:** Use objective, descriptive language
  - **ABRET focus:** Objective reporting
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## 8. Case-Based Example

### Scenario

**Clinical Setting:** Routine EEG for seizure evaluation

**EEG Finding:** Focal sharp waves over left temporal region

**Documentation Task:** Write appropriate technical description

### Correct Documentation

- **"Focal sharp transients were observed over the left temporal region."**
- Objective description
- No diagnostic language
- Specific location
- Appropriate terminology

### Teaching Point

- **Description without diagnosis is required**
- Describe what is seen
- Avoid diagnostic statements
- Use objective language
- Stay within scope of practice

### ABRET Application

- Given EEG finding → describe objectively
  - Given diagnostic statement → recognize as outside scope
  - Given vague language → use specific terminology
  - Must know required report elements
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## 9. Exam Readiness Checklist

Use this checklist to verify your understanding:

- ☐ Can list required report components (demographics, parameters, findings)
- ☐ Can use objective terminology (descriptive, not diagnostic)
- ☐ Can stay within scope of practice (describe, don't diagnose)
- ☐ Can document events accurately (time, description, response)
- ☐ Understand that EEG reports are legal documents
- ☐ Know that documentation must be accurate, objective, complete
- ☐ Recognize that technologists describe, physicians diagnose
- ☐ Understand that if it isn't documented, it didn't happen
- ☐ Can identify required technical parameters
- ☐ Know how to document seizures and events

- ☐ Understand confidentiality requirements
  - ☐ Can avoid common ABRET exam traps
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## 10. Internal Cross-Links

### Workflow

- **Recording Procedures:** How to document procedures
- **Technical Parameters:** Documenting filter, sensitivity, montage settings

### Patterns

- **Epileptiform Discharges:** How to describe epileptiform activity
- **Artifacts:** How to document artifacts

### Standards

- **Patient Safety:** Safety event documentation
- **Confidentiality:** HIPAA and privacy requirements

### Cases

- **Report-writing simulations:** Practice writing reports
- **Documentation scenarios:** Cases requiring documentation

### Quizzes

- **Documentation standards MCQs:** Questions on documentation
  - **Terminology questions:** Questions on proper language
  - **Scope of practice questions:** Questions on boundaries
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## Study Tips

1. **Memorize required components:** Demographics, parameters, findings, events
  2. **Learn objective terminology:** "The EEG demonstrates...", "There is evidence of..."
  3. **Know scope boundaries:** Technologists describe, physicians diagnose
  4. **Understand documentation principles:** Accurate, objective, complete
  5. **Remember the principle:** If it isn't documented, it didn't happen
  6. **Know the traps:** Diagnostic language, omitted parameters, vague terms
  7. **ABRET focus:** Expect questions on required elements, terminology, and scope of practice
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### End of Study Guide

*For additional practice, complete quiz questions tagged: reporting, documentation, scope-of-practice, ethics*