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Specialty Section on Surgical Neuromonitoring

THE AMERICAN SOCIETY OF NEUROPHYSIOLOGICAL MONITORING POSITION STATEMENTS PROJECT

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ABSTRACT. The American Society of Neurophysiological Monitoring (ASNM) is developing position statements aimed at assisting practitioners and others in making decisions regarding neurophysiological monitoring practice. This paper describes the procedures used in drafting these documents.

KEY WORDS. guidelines, position statements, neurophysiological monitoring, American Society of Neurophysiological Monitoring.

INTRODUCTION

The process of using scientific literature reviews and expert consensus to guide clinical practice has become an important tool in improving patient care. Recognizing this, in 1998 the board of directors of the ASNM (American Society of Neurophysiological Monitoring) charged the education committee to begin the process of drafting position statements on neurophysiologic monitoring. Each position statement was designed to discuss the history and literature relevant to a specific aspect of neurophysiologic monitoring and to make recommendations regarding clinical practice based on the consensus of available evidence. In addition, as other organizations had previously addressed technical considerations of neurophysiological monitoring, the focus of the ASNM position statements was on the professional or interpretative considerations.

DEVELOPMENT

At the time this project was initiated, the ASNM board specified a rigorous process for drafting and maintaining these position statements based on the criteria promulgated by the National Guideline Clearinghouse [1]. As a large number of practitioners from diverse backgrounds are involved in the process of neurophysiologic monitoring, a major goal of the project has been for the statements to be recognized as "global consensus statements". Towards this end, the review and approval processes were designed to encourage as many practitioners and other interested parties as possible to comment and suggest changes to each statement.

Figure 1 is a flow chart of the current review and approval process. The first step in this process is forming a statement-drafting committee lead by a recognized expert in the field. Committee memberships, as well as changes in the committee, require ASNM board approval. Position statements with less than three members are required to be reviewed

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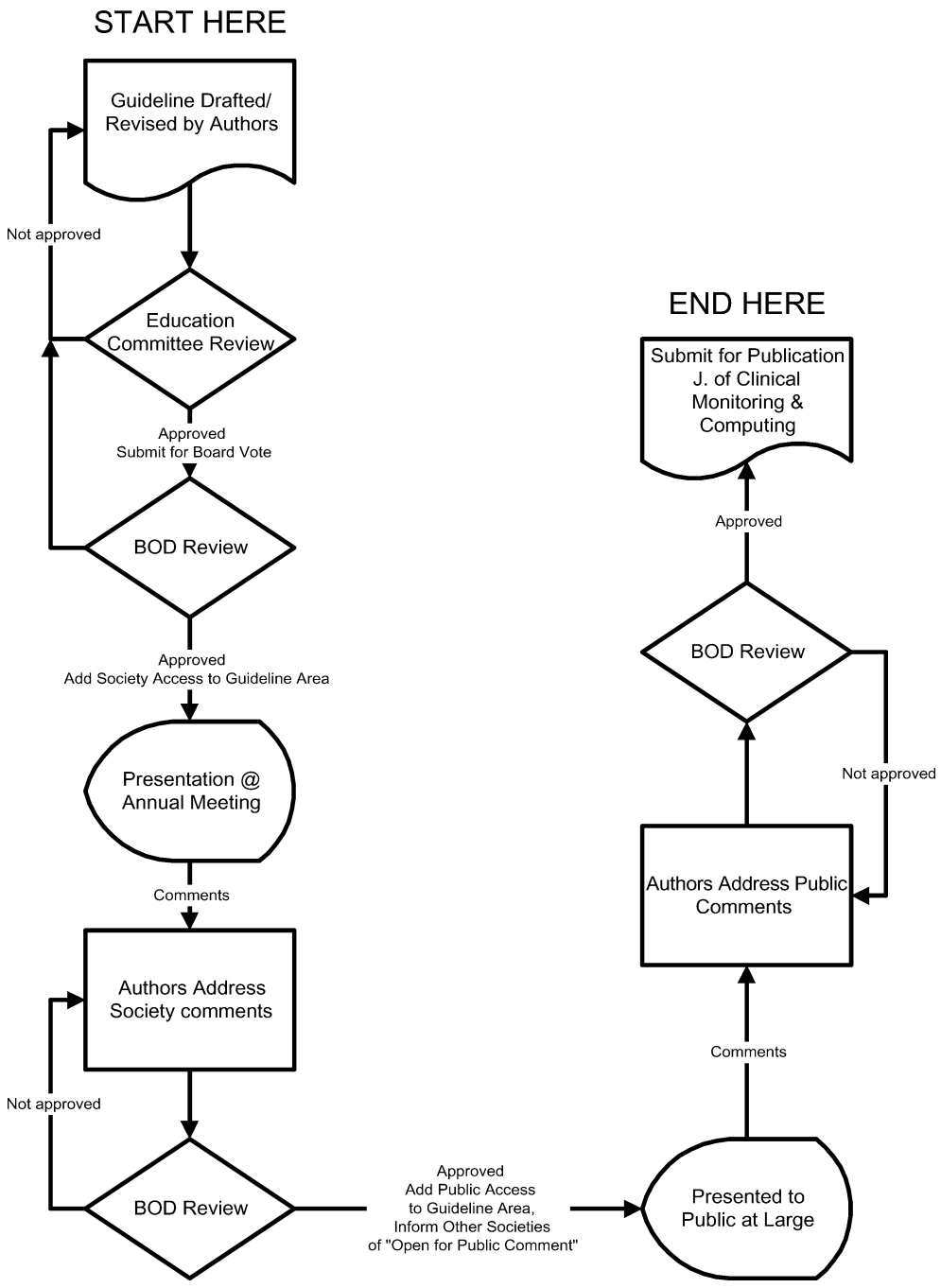

Fig. 1. Flow diagram of the position statement drafting process.

by two expert reviewers in the topic area, approved by the education committee and the board of directors.

Once the initial draft of the position statement is produced by the drafting committee, it is reviewed by members of the education committee which then either send it back to the drafting committee with comments and recommendations, or approve it for board of directors' review. This process continues until all comments from the education committee are satisfied. The board of directors can then either send it back to the drafting committee with comments and recommendations, or approve it for review and comment by the entire ASNM membership. The statement is then presented to the membership at the next annual meeting, published in the society newsletter "The Monitor," and placed on the society Web page (www.ASNM.org). Comments are received by the education committee chairperson or the first author or are posted on the ASNM society Web site discussion lists. Comments are collected by the first author, who is required to maintain a "commenting record" which documents each comment received and how it is addressed in the subsequent revision of that statement.

Following the presentation at the ASNM annual meeting and the above-described revision process, the education committee and the board of directors again review the statement before it is presented to the public for review and comment. At this point, position statement access is moved to the public portion of the society Web site. The board of directors identified 23 organizations (Table 1) that may have a special interest in the content of these statements. A liaison to each of these organizations was identified and both e-mail and hard copy of the position statements are then sent to each of these societies for comments. Any comments received in this stage are then referred back to the first author so that possible changes can be made, and the commenting record updated. The next draft is then reviewed by the education committee and the board of directors. Following final approval for publication by the board of directors, the statement is submitted to the Journal of Clinical Monitoring and Computing, the official journal of the ASNM; and a summary is submitted to the National Guideline Clearinghouse.

These position statements are considered by the ASNM to be "living documents" and the board expects to review and provide updates to the statements as new evidence emerges. Each update will be subjected to the same authoring process as the original document.

Table 1. List of potentially interested societies/organizations that were sent information requesting position statement review and comment by their membership

Society/Organization
American Academy of Audiology
American Association of Electrodiagnostic Medicine
American Association of Electrodiagnostic Technologists
American Academy of Neurology
American Association of Neurological Surgeons
American Academy of Orthopaedic Surgeons
American Board of Electrodiagnostic Medicine
American Board of Registry of Electroneurodiagnostic Technologists
American Clinical Neurophysiology Society
American Society of Anesthesiologists
American Society of Electroneurodiagnostic Technologists
American Speech-Language-Hearing Association
International Evoked Response Audiometry Study Group
International Federation of Clinical Neurophysiology
North American Spine Society
International Organization of Societies for Electrophysiological Technology
Society for Neuroscience
Society of Neurosurgical Anesthesia & Critical Care
Scoliosis Research Society
World Society for Stereotactic & Functional Neurosurgery
American Academy of Otolaryngology
American Society For Stereotactic and Functional Neurosurgery
Congress of Neurologic Surgeons

TERMINOLOGY

The format and nomenclature of position statements was selected to assure consistency with work from other societies [2]. A standardized set of terminology was adopted for evaluating the strength of evidence and the grades of recommendations [3,4].

The terminology definitions as they appear in that document are:

Standards. Generally accepted principles for patient management that reflect a high degree of clinical certainty (i.e., based on Class I evidence or, when circumstances preclude randomized clinical trials, overwhelming evidence from Class II studies that directly address the question at hand, or from decision-analysis that directly addresses all the issues).

Guidelines. Recommendations for patient management that may identify a particular strategy or range of management strategies that reflect moderate clinical certainty (i.e., based on Class II evidence that directly addresses the issue, decision-analysis that directly addresses the issue, or strong consensus of Class III evidence).

Practice options or advisories. Other strategies for patient management for which there is some favorable evidence, but for which the community still considers this an option to be decided upon by individual practitioners.

Practice parameters. Results, in the form of one or more specific recommendations, from a scientifically-based analysis of a specific clinical problem.

Strength of recommendation ratings

Type A. Strong positive recommendation, based on Class I evidence, or overwhelming Class II evidence.

Type B. Positive recommendation, based on Class II evidence.

Type C. Positive recommendation, based on strong consensus of Class III evidence.

Type D. Negative recommendation, based on inconclusive or conflicting Class II evidence.

Type E. Negative recommendation, based on evidence of ineffectiveness or lack of efficacy.

Quality of evidence ratings

Class I. Evidence provided by one or more well-designed, prospective, blinded, controlled clinical studies.

Class II. Evidence provided by one or more well-designed clinical studies such as case control, cohort studies, etc.

Class III. Evidence provided by expert opinion, non-randomized historical controls, or case reports of one or more.

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