

"Slump? I ain't in no slump. I just ain't hitting"

Yogi Berra

Hi Everyone,

This week's Departmental Acknowledgement is a particular one driven by my own experience as an attending in Neurology. I realized, yet again, how what we do is a team effort and I wanted to note a particularly unsung and under-appreciated group. Hence, I would like to single out our **Electrodiagnostic Technicians** (EEG, EMG/NCS, EP).

The service was busy with a tsunami of paroxysmal events coming through the ER and wards. To evaluate these events expeditiously and accurately, an EEG is a necessary part of the diagnostic work up and evaluation. As a grizzled veteran of this place, where a generation ago all potential seizures were admitted for several days to hospital, I am amazed at how quick we can now get an EEG on an ER patient. With an EEG report available, we can make diagnostic and therapeutic decisions more quickly and accurately without admission. This is not trivial, as making a diagnosis of epilepsy then requires daily medications for a child for two years or more. Similarly, continuous electrodiagnostic monitoring in the NICU or the PICU provides an essential window into what is going on in the brain in the comatose or heavily sedated patient. This is especially important given mounting evidence that subclinical seizures occur frequently, are under-appreciated, and in themselves potentially deleterious with respect to eventual neurologic outcomes. Furthermore, an EEG can be a critical variable in distinguishing between behavioural phenomenon and a seizure. These entities may often overlap and even co-exist yet demand very different therapeutic approaches. A final challenge where electrodiagnostics play an essential role is in the decision to apply a surgical approach to a child with intractable epilepsy. The key in this is exquisitely identifying the portion of the brain at the source of the child's seizure. This can only be done through extensive EEG monitoring.

I encountered all of the above during my week on-service which was a typical week for a pediatric neurology service in a tertiary hospital. At all times, EEG technicians were responsive to our clinical needs putting the child and family first. They made room to do kids on an urgent basis and they set up continuous monitoring on the wards and in the NICU/PICU. I am well aware of many times on nights, weekends and holidays that they have come in despite no official overtime budget for these services. They did their job so I, and my residents, could do ours. They made us look good by having the tests and results that were needed to move care forward. They are doing the walk of 'patient & family centered care'.

The technicians in electrodiagnostics are but one example of the technical support we need on a daily round the clock basis. Electrocardiology, respiratory, radiology are but other examples that no doubt assist each of us. We should all be grateful.

Have a great weekend everyone!

Michael

PS I will be away in Saudi Arabia next week and unless someone wishes to do a Departmental Acknowledgement in my place there will be a hiatus. Contact Sylvie if you wish to do one.

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