

POLYSOMNOGRAPHY / RESPIRATORY CARE

COMPETENCY EVALUATION

Employee: Hire Date:	Date:			
Procedure: <p style="text-align: center;">CPAP</p>	Setting:	A	UA	NA
Age Specific Patient Type: <input type="checkbox"/> Infant <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Adolescent	<input type="checkbox"/> Peer Review <input type="checkbox"/> Practice Evaluation <input type="checkbox"/> Final Evaluation			
Preliminary Steps				
Verifies physician's order				
Obtains appropriate equipment and supplies				
Inspects medical records for precautions/complications				
Patient Interaction and Equipment Preparation				
Correctly identifies patient				
Introduces self and identifies department				
Explains procedure to patient and provides patient/family education				
Confirms patient's understanding				
Washes hands				
Properly assembles equipment				
Properly selects mask for patient				
Applies system to patient				
Ensures patient's comfort and adequate seal				
Patient Evaluation				
Evaluates patient's response to therapy				
Effectively modifies therapy based on patient's response				
Documentation and Records				
Records procedure and results in medical chart				
Documents procedure in department records				

A - Acceptable UA - Unacceptable NA - Not Applicable

Quality of Performance:

Acceptable Performance. Employee demonstrates mastery of the procedure. Slight or no prompting required. No significant errors noted.

Unacceptable Performance. Minor errors noted in next section. Some prompting or intervention required. Deficiencies specified in next section. Additional practice of this procedure needed with occasional supervision. Significant errors noted. Much prompting/intervention required. Deficiencies specified in next section.

Additional practice of this procedure needed under DIRECT clinical supervision.

Repeat evaluation required. Employee was unable to perform procedure without intervention by the preceptor. Deficiencies specified in next section. Remedial work needed with repeat evaluation required after remediation. Suspension of performing this procedure until remediation and acceptable evaluation completed.

Performance Deficiencies: (Check those that apply)

- Excessive time needed to complete procedure
- Broke aseptic or sterile technique
- Significant inaccuracy noted
- Technique may be harmful to patient
- Incorrect procedure/sequence
- Incorrect equipment assembly/usage
- Unable to correctly answer questions about rationale and/or theory related to procedure
- Other _____

Action Plan:

GOALS	STEPS	DEADLINE	ACCOUNTABILITY	MONITORING MECHANISMS

Additional Comments: _____

Evaluator _____ Date _____

Employee _____ Date _____

POLYSOMONOGRAPHY / RESPIRATORY CARE

COMPETENCY EVALUATION

Employee:	Date:			
Hire Date:				
Procedure: Bi-level	Setting:	A	UA	NA
Age Specific Patient Type: <input type="checkbox"/> Infant <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Adolescent	<input type="checkbox"/> Peer Review <input type="checkbox"/> Practice Evaluation <input type="checkbox"/> Final Evaluation			
Preliminary Steps				
Verifies physician's order				
Obtains appropriate equipment and supplies				
Inspects medical records for precautions/complications/contraindications				
Knowledge Base				
Ability to explain all equipment settings, functions and modalities				
Patient Interaction and Equipment Preparation				
Correctly identifies patient				
Introduces self and identifies department				
Explains procedure to patient and provides patient/family education				
Confirms patient's understanding				
Washes hands				
Properly assembles equipment				
Properly selects mask and assembles for patient				
Tests equipment function before patient application				
Applies system to patient				
Ensures patient's comfort and adequate seal				
Patient Evaluation				
Evaluates patient's response to therapy				
Effectively modifies therapy based on patient's response and institutional protocol				
Takes appropriate action for adverse effects				
Documentation and Records				
Records procedure and results in medical record				
Documents procedure in department records				

A - Acceptable UA - Unacceptable NA - Not Applicable

Quality of Performance:

Acceptable Performance. Employee demonstrates mastery of the procedure. Slight or no prompting required. No significant errors noted.

Unacceptable Performance. Minor errors noted in next section. Some prompting or intervention required. Deficiencies specified in next section. Additional practice of this procedure needed with occasional supervision. Significant errors noted. Much prompting/intervention required. Deficiencies specified in next section.

Additional practice of this procedure needed under DIRECT clinical supervision.

Repeat evaluation required. Employee was unable to perform procedure without intervention by the preceptor. Deficiencies specified in next section. Remedial work needed with repeat evaluation required after remediation. Suspension of performing this procedure until remediation and acceptable evaluation completed.

Performance Deficiencies: (Check those that apply)

- Excessive time needed to complete procedure
- Broke aseptic or sterile technique
- Significant inaccuracy noted
- Technique may be harmful to patient
- Incorrect procedure/sequence
- Incorrect equipment assembly/usage
- Unable to correctly answer questions about rationale and/or theory related to procedure
- Other _____

Action Plan:

GOALS	STEPS	DEADLINE	ACCOUNTABILITY	MONITORING MECHANISMS

Additional Comments: _____

Evaluator _____ Date _____
Employee _____ Date _____

POLYSOMNOGRAPHY / RESPIRATORY CARE

COMPETENCY EVALUATION

Employee:	Date:			
Hire Date:				
Procedure: Pulse Oximetry	Setting:	A	UA	NA
Age Specific Patient Type: <input type="checkbox"/> Infant <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Adolescent	<input type="checkbox"/> Peer Review <input type="checkbox"/> Practice Evaluation <input type="checkbox"/> Final Evaluation			
Preliminary Steps				
Verifies physician's order				
Obtains appropriate equipment and supplies				
Inspects medical records for precautions/complications				
Evaluates order for compliance with Clinical Practice Guidelines				
Evaluates medical record for limitations of pulse oximetry				
Knowledge Base				
Ability to explain all equipment settings and functions				
Patient Interaction and Equipment Preparation				
Correctly identifies patient				
Introduces self and identifies department				
Explains procedure to patient and provides patient/family education				
Confirms patient's understanding				
Washes hands				
Properly assembles equipment				
Activates the oximeter				
Allows adequate warm-up time				
Ensures proper calibration, if applicable, per manufacturer's recommendations				
Atraumatically attaches the oximeter probe to the patient				
Allows adequate time for stabilization				
Accurately obtains SpO ₂ measurement				
Sets alarms if applicable				
Verifies strength of plethysmographic waveform/pulse amplitude (if applicable)				
Modifies therapy based upon SpO ₂ measurement per institutional protocol				
Patient Evaluation				
Evaluates clinical appearance of patient for central cyanosis, skin temperature and perfusion.				
Takes appropriate action in the event of an adverse response and notifies appropriate personnel				
Documentation and Records				
Records procedure and results in medical chart				
Documents procedure in departmental records				

A - Acceptable UA - Unacceptable NA - Not Applicable

Quality of Performance:

Acceptable Performance. Employee demonstrates mastery of the procedure. Slight or no prompting required. No significant errors noted.

Unacceptable Performance. Minor errors noted in next section. Some prompting or intervention required. Deficiencies specified in next section. Additional practice of this procedure needed with occasional supervision. Significant errors noted. Much prompting/intervention required. Deficiencies specified in next section.

Additional practice of this procedure needed under DIRECT clinical supervision.

Repeat evaluation required. Employee was unable to perform procedure without intervention by the preceptor. Deficiencies specified in next section. Remedial work needed with repeat evaluation required after remediation. Suspension of performing this procedure until remediation and acceptable evaluation completed.

Performance Deficiencies: (Check those that apply)

- Excessive time needed to complete procedure
- Broke aseptic or sterile technique
- Significant inaccuracy noted
- Technique may be harmful to patient
- Incorrect procedure/sequence
- Incorrect equipment assembly/usage
- Unable to correctly answer questions about rationale and/or theory related to procedure
- Other _____

Action Plan:

GOALS	STEPS	DEADLINE	ACCOUNTABILITY	MONITORING MECHANISMS

Additional Comments: _____

Evaluator _____ Date _____

Employee _____ Date _____

POLYSOMNOGRAPHY / RESPIRATORY CARE

COMPETENCY EVALUATION

Employee:	Date:			
Hire Date:				
Procedure: <p style="text-align: center;">Capnography</p>	Setting:	A	UA	NA
Age Specific Patient Type: <input type="checkbox"/> Infant <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Adolescent	<input type="checkbox"/> Peer Review <input type="checkbox"/> Practice Evaluation <input type="checkbox"/> Final Evaluation			
Preliminary Steps				
Obtains appropriate equipment and supplies				
Inspects medical records for precautions/complications/orders or protocol				
Evaluates order for compliance with Clinical Practice Guidelines				
Implements Universal Precautions				
Knowledge Base				
Ability to explain all equipment settings and functions				
Ability to explain normal versus abnormal exhaled CO ₂				
Patient Interaction and Equipment Preparation				
Correctly identifies patient				
Washes hands and implements Universal Precautions				
Properly assembles equipment				
Correctly calibrates equipment and applies to patient				
Explains procedure to patient and provides patient/family education				
Patient Evaluation				
Ensures patient meets capnography protocol criteria				
Monitors capnography measurement				
Takes appropriate action to adverse response and notifies appropriate personnel				
Documentation and Records				
Records procedure and results in medical record				
Documents procedure in department records				

A - Acceptable UA - Unacceptable NA - Not Applicable

Quality of Performance:

Acceptable Performance. Employee demonstrates mastery of the procedure. Slight or no prompting required. No significant errors noted.

Unacceptable Performance. Minor errors noted in next section. Some prompting or intervention required. Deficiencies specified in next section. Additional practice of this procedure needed with occasional supervision. Significant errors noted. Much prompting/intervention required. Deficiencies specified in next section.

Additional practice of this procedure needed under DIRECT clinical supervision.

Repeat evaluation required. Employee was unable to perform procedure without intervention by the preceptor. Deficiencies specified in next section. Remedial work needed with repeat evaluation required after remediation. Suspension of performing this procedure until remediation and acceptable evaluation completed.

Performance Deficiencies: (Check those that apply)

- Excessive time needed to complete procedure
- Broke aseptic or sterile technique
- Significant inaccuracy noted
- Technique may be harmful to patient
- Incorrect procedure/sequence
- Incorrect equipment assembly/usage
- Unable to correctly answer questions about rationale and/or theory related to procedure
- Other _____

Action Plan:

GOALS	STEPS	DEADLINE	ACCOUNTABILITY	MONITORING MECHANISMS

Additional Comments: _____

Evaluator _____ Date _____

Employee _____ Date _____

POLYSOMNOGRAPHY / RESPIRATORY CARE COMPETENCY EVALUATION

Employee:	Date:			
Hire Date:				
Procedure: Supplemental Oxygen Therapy	Setting:	A	UA	NA
Age Specific Patient Type: <input type="checkbox"/> Infant <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Adolescent	<input type="checkbox"/> Peer Review <input type="checkbox"/> Practice Evaluation <input type="checkbox"/> Final Evaluation			
Preliminary Steps				
Verifies physician's order				
Obtains appropriate equipment and supplies				
Inspects medical records for precautions/complications/contraindications				
Evaluates order for compliance with Clinical Practice Guidelines				
Knowledge Base				
Ability to explain all equipment settings, functions and modalities				
Patient Interaction and Equipment Preparation				
Correctly identifies patient				
Introduces self and identifies department				
Explains procedure to patient and provides patient/family education				
Confirms patient's understanding				
Washes hands and implements Universal Precautions				
Properly assembles equipment and tests equipment function prior to patient application				
Ensures adequate humidification of gas; as appropriate				
Adjusts device to deliver prescribed flowrate or concentration				
Obtains a room air pulse oximetry measurement				
Atraumatically applies the device to the patient, ensuring a snug and comfortable fit				
Reassures the patient and explains the fire hazards of oxygen to the patient				
Obtains pulse oximetry				
Patient Evaluation and Termination of Procedure				
Evaluates outcome by patient's physiologic response to oxygen therapy				
Modifies the procedure in a timely manner based upon patient's response				
Adjusts oxygen therapy per institutional protocol				
Takes appropriate action for adverse reaction and notifies appropriate personnel				
Documentation and Records				
Records procedure and results in medical chart				
Documents procedure in departmental records				

A - Acceptable UA - Unacceptable NA - Not Applicable

Quality of Performance:

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Unacceptable Performance. Minor errors noted in next section. Some prompting or intervention required. Deficiencies specified in next section. Additional practice of this procedure needed with occasional supervision. Significant errors noted. Much prompting/intervention required. Deficiencies specified in next section.

Additional practice of this procedure needed under DIRECT clinical supervision.

Repeat evaluation required. Employee was unable to perform procedure without intervention by the preceptor. Deficiencies specified in next section. Remedial work needed with repeat evaluation required after remediation. Suspension of performing this procedure until remediation and acceptable evaluation completed.

Performance Deficiencies: (Check those that apply)

- Excessive time needed to complete procedure
- Broke aseptic or sterile technique
- Significant inaccuracy noted
- Technique may be harmful to patient
- Incorrect procedure/sequence
- Incorrect equipment assembly/usage
- Unable to correctly answer questions about rationale and/or theory related to procedure
- Other _____

Action Plan:

GOALS	STEPS	DEADLINE	ACCOUNTABILITY	MONITORING MECHANISMS

Additional Comments: _____

Evaluator _____ Date _____
Employee _____ Date _____

POLYSOMNOGRAPHY / RESPIRATORY CARE

COMPETENCY EVALUATION

Employee:	Date:			
Hire Date:				
Procedure: Sleep Related Testing: PSG/CPAP Titration	Setting: Clinical	A	UA	NA
Age Specific Patient Type: <input type="checkbox"/> Infant <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Adolescent	<input type="checkbox"/> Peer Review <input type="checkbox"/> Practice Evaluation <input type="checkbox"/> Final Evaluation			
Preliminary Steps				
Verifies physician orders				
Verifies correct patient.				
Knowledge Base				
Ability to explain all equipment settings, functions and modalities				
Ability to review medical history as impacts the sleep study (if applicable)				
Ability to identify the four (4) stages of sleep				
Ability to identify the three (3) apnea types and hypopnea				
Patient Interaction and Equipment Preparation				
Correctly identifies patient				
Introduces self and identifies department				
Explains the procedure to the patient/family education				
Confirms patient's / family's understanding				
Washes hands and Implements Universal Precautions				
Correctly assembles equipment and performs calibrations per institutional protocol				
Assists patient in filling out Pre-Sleep questionnaire				
Correctly obtains pre-test blood pressure and documents on appropriate form (if applicable)				
Correctly applies recording electrodes using the International 10-20 system where indicated				
Correctly applies respiratory effort belts				
Correctly applies nasal cannula for air flow monitoring				
Correctly applies oximeter probe				
Correctly attaches electrodes to extremities when appropriate				
Correctly attaches eye, chin and ECG electrodes				
Assists patient to bed and correctly attaches headbox, oximeter probe and nasal cannula to appropriate device				
Correctly checks electrode impedance of all recording electrodes. Impedance must be less than or equal to 5K for EEG, 10K for Chin and EOG and 30K for leg leads (if applicable)				
Correctly reapplies electrodes that do not meet impedance requirement				
Correctly performs patient's Bio-Cals pre and post procedures				
Correctly performs device calibrations				

Starts video taping of patient or ensures digital image capture on PSG (if applicable)			
Continuously monitors patient and documents per institutional protocol			
Correctly identifies artifact during the recording and corrects			
Correctly fits nasal mask on patient for comfort and seal			
Correctly follows Policy and Procedure for CPAP initiation and titration			
Correctly and accurately documents changes in CPAP pressure during titration period			

	A	UA	NA
Patient Evaluation and Termination of Procedure			
Correctly disconnects patient from peripheral devices and headbox			
Washes hands			
Correctly removes recording electrodes and sensors from patient			
Correctly stores any flammable/combustible liquids in metal fire safe immediately after use			
Assist patient with Post-Test questionnaire			
Documentation and Records			
Correctly completes and signs all forms to be included in patient's chart			
Correctly back-up raw data to appropriate media			

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Quality of Performance:

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Additional practice of this procedure needed under DIRECT clinical supervision.

Repeat evaluation required. Employee was unable to perform procedure without intervention by the preceptor. Deficiencies specified in next section. Remedial work needed with repeat evaluation required after remediation. Suspension of performing this procedure until remediation and acceptable evaluation completed.

Performance Deficiencies: (Check those that apply)

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- Significant inaccuracy noted
- Technique may be harmful to patient
- Incorrect procedure/sequence
- Incorrect equipment assembly/usage
- Unable to correctly answer questions about rationale and/or theory related to procedure
- Other _____

Action Plan:

GOALS	STEPS	DEADLINE	ACCOUNTABILITY	MONITORING MECHANISMS

Additional Comments: _____

Evaluator _____ Date _____

Employee _____ Date _____