



**Competency/Skills Self-Appraisal: Polysomnographer**

Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the column that applies to your skill level:  
 3= Very Competent > 1yr Exp.      2=Some Help needed <1 yr. Exp.      1=Need Direction <6 months Exp.      0=Never Done

SKILLS	3	2	1	0	SKILLS	3	2	1	0
▪ BCLS Expires:					▪ Baseline studies				
▪ ACLS Expires:					▪ Split night studies				
▪ RPSGT Expires:					▪ CPAP titration studies				
▪ RRT Date certified:					▪ Oxygen titration studies				
▪ CRTT Date certified:					▪ Neuromuscular studies				
▪ Other Certification (specify): _____					▪ Parasomnia studies				
▪ Computerized Charting System (specify) _____					▪ Full EEG studies				
<b>1. AGE SPECIFIC PRACTICE CRITERIA:</b>					▪ Penile tumescence studies				
▪ Newborn/Neonate (birth to 30 days)					▪ Portable ICU studies				
▪ Infant ( 30 days to 1 year)					▪ Portable home studies				
▪ Toddler (1 -3 years)					Daytime Procedures:				
▪ Preschooler (3-5 years)					▪ MSLT				
▪ School Age Children ( 5-12 years)					▪ MWT				
▪ Adolescent (12-18 years)					Miscellaneous Procedures:				
▪ Young Adults (18-39 years)					Actigraphy				
▪ Middle Adults (39-64 years)					CPAP follow-up and management				
▪ Geriatric (64 +)					▪ Patient education				
<b>2. EXPERIENCE WITH AGE GROUPS:</b>					Scoring:				
▪ Able to adapt care to incorporate normal growth and development					▪ Adult				
▪ Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level					▪ Neonatal				
▪ Ensures safe environment reflecting specific needs of various age groups					▪ MSLT/MWT				
<b>3. EXPERIENCE IN SETTINGS:</b>					▪ NPT				
▪ Acute care hospital					▪ Data management skills				
▪ Outpatient					<b>8. EQUIPMENT:</b>				
▪ Home Studies					Digital Polygraphs				
<b>4. GENERAL SKILLS:</b>					▪ Alice ¾				
▪ Charting/Documentation/Consents/Care Plans					▪ Biologie				
▪ Confidentiality of Information/HIPAA					▪ Cadwell				
▪ Ordering Supplies					▪ Compumedics				
▪ Universal Precautions/Infection Control Procedures					▪ Embula				
▪ Advance Directives					▪ Grass/Telefactor				
▪ JCAHO – National Patient Safety Guidelines					▪ Medicare/Rembrandt				
▪ Vital Signs					▪ Nicolet				
▪ Use of transfer/lift devices					▪ Nihon Kodan				
▪ Pain management					▪ Sandman				
▪ Caregiver/Patient Education					▪ Sensor Medics				
<b>5. RECORDING PROCEDURES:</b>					▪ Stellate				
Night Time Procedures					▪ Other (specify):				

