

**TRANSCEND MEDICAL RESPIRATORY THERAPIST  
COMPETENCY**

Name: \_\_\_\_\_

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**INSTRUCTIONS:** Complete this skill sheet. Use the "comments" section to state any concerns or issues.  
**Skill Level Legend:** 1 = No contact w/equipment or this patient situation. No knowledge of procedure.  
 2 = Understand procedure and patient situation but never performed task.  
 3 = Have performed this task infrequently and would need supervision.  
 4 = Have performed this task frequently and can perform independently.

For competency testing review skills of staff and grade accordingly.

**Legend:** E = Excellent  
 S = Satisfactory  
 N = Needs Improvement  
 N/A = Not Applicable

\* Competency testing is completed on hire and on an annual basis.

TOPIC	SKILL LEVEL				Skills	COMMENTS
	1	2	3	4	Review	
Apnea Monitor Set-up						
Basic oxygen therapy: CMG cylinder						
Concentrator						
Bi-PAP Set-up						
Blood pressure measurement						
Bronchodilator/Medication therapy						
Chest physiotherapy						
Continuous ventilatory monitoring: Adult						
Pediatric						
CPAP Set-up						
CPR						
IPPB						
Mist therapy (cool/heated)						
Negative external pressure						
Oximetry (pulse/ear)						
Peak flow measurements						
Pneumograms						
Respiratory parameter						
Sputum induction						
Tracheal suctioning						
Tracheostomy care						
Ultrasonic nebulization						
Universal precautions						
Patient						
Acceptance Criteria						
Rights & Responsibilities						
Complaint Procedure						
Basic Reimbursement						
Order Intake Procedures						
Medicare Coverage Criteria						
Medicaid Coverage Criteria						
Private Insurance Procedures						

TOPIC	SKILL LEVEL				Skills	COMMENTS
	1	2	3	4	Review	
CMN Auditing						
Billing Process						
Customer Service Standards						
Infection Control Procedures						
Home Environment Safety						
Computer Skills						
Emergency Plan						
Accident/Occurrence Reporting						
Quality Improvement Plan and Monitoring						
Good Driving Record (No Accidents)						
Proper Lifting Techniques						
On-Call Procedures						
Communication Skills						
Verbal						
Written						
<b>EQUIPMENT</b>						
Adult volume ventilators:						
Type:						
Type:						
Type:						
Pediatric ventilators:						
Type:						
Type:						
Apnea monitors:						
Aequitron						
Corometrics						
Healthdyne						
Other:						
** Include Chart Audit with Skills Review						

**SPECIALTY INTEREST AREA:**

**COMMENTS (any additional skills):**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_