



Mission Statement

Public confidence in receiving safe, competent, and ethical diagnostic and therapeutic care from regulated professionals.

Competency Checklist

Electroneurophysiology procedures

The procedures, as identified, should accurately reflect the experiences of the applicant. Those items achieved at a level of 'competence' indicate that the applicant has demonstrated, through independent actions, the orderly progression of tasks required to achieve accurate diagnostic data within a reasonable standard of time, for a variety of patient cases. Those identified as N/A may require orientation within the Alberta clinical setting.

To complete the checklist:

1. indicate the date when the procedure was last performed.
2. indicate whether competence was demonstrated or whether the particular procedure was not applicable to the area of clinical practice.
3. obtain supervisor validation for the checklist entries.

Procedure/Study	Date last performed (mm/dd/yyyy)	Competent	N/A	Supervisor Validation
Standard Recordings				
Screen for contraindications, including hyperventilation and photic stimulation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure and mark head using International 10/20 Electrode Placement System on neonate.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure and mark head using International 10/20 Electrode Placement System on child.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure and mark head using International 10/20 Electrode Placement System on adult.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize alternate, standardized measurement and placement systems as required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify and mark site for system reference and ground electrode placement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify sites for placement of electrooculogram (EOG) electrodes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify sites for placement of electrocardiogram (ECG) electrodes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain electrical safety for patient		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply electrodes using conductive paste		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply electrodes using collodion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify electrode impedances are between 100 and 5000 ohms during recording		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize bipolar and referential montages for optimal recording		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure/Study	Date last performed (mm/dd/yyyy)	Competent	N/A	Supervisor Validation
Choose digital sampling rate for optimal recording		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize sensitivity, filter and time base setting for optimal recording		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains a minimum 20-minute recording, not including activation procedures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform eye opening/closing protocol		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform hyperventilation protocol		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform photic stimulation protocol		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform spontaneous sleep protocol		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform sleep deprived protocol.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapt recording procedures for neonatal and pediatric patients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapt recording procedures for in-patients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapt recording procedures for ECS recording		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform reactivity tests (i.e., auditory, visual, somatosensory, and painful stimulation) for patients with impaired levels of consciousness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify and monitor physiological and non-physiological artefacts, correct as appropriate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customization & Adaptation of Recordings				
Create and modify montages for optimal recording		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapt procedures based on patient physical, physiological and psychological presentation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapt procedures for continuous or long-term monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation & Analysis - General				
Prepare technical analysis with description and localization of waveforms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation and Analysis: Recognize Critical Abnormalities				
Identify ECG changes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annotate EEG with events occurring during procedure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify electrocerebral silence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation and Analysis: Adapt Analysis Affected by Medications				
Identify the effects of medication on the EEG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annotate medications in recording documents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation and Analysis: Adapt Analysis Affected by Clinical Conditions				
Autoimmune disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral structural abnormality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral vascular disease/injury		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug toxicity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edema		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encephalopathy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy syndrome		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head injury		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involuntary movement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of consciousness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychogenic non-epileptic event		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure/Study	Date last performed (mm/dd/yyyy)	Competent	N/A	Supervisor Validation
Psychosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skull and/or facial asymmetry, deformity, or anomaly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space occupying lesion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Study Procedures – Electrode Removal				
Disinfect non-disposable surface electrodes, supplies and equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispose used electrodes per clinical site policy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Study Procedures – Processing Data				
Archive and store digital records		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Operation				
Verify standard filter and sensitivity settings for control operation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure quality control for leakage current is performed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Name: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Contact Info:

Email: : _____

Phone Number: _____