

# Request for Clinical Skill Verification Criteria to Be Included in Specialty Area Skills/ Learning Packet

**Title of Skill:**

**Submitted By:**

**Department:**

**Specialty Area Packet skill is to be included in:**

(choose all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Action Nurse Skills                                     | <input type="checkbox"/> Glassrock Procedure Room Pre Post Packet           |
| <input type="checkbox"/> Adult Acute Telemetry Skills                            | <input type="checkbox"/> General Core Skills                                |
| <input type="checkbox"/> Adult Critical Care Skills                              | <input type="checkbox"/> GI Lab Skills                                      |
| <input type="checkbox"/> Apheresis/PICC Nurse Skills                             | <input type="checkbox"/> Main Hospital Pre-Op and PACU Skills               |
| <input type="checkbox"/> Children's Hospital Acute Care Skills                   | <input type="checkbox"/> Nephrology Nurses Skills                           |
| <input type="checkbox"/> Children's Hospital Critical Care Skills                | <input type="checkbox"/> Point-of-Care Testing                              |
| <input type="checkbox"/> Children's Hospital Neonatal Critical Care Skills       | <input type="checkbox"/> Pulmonary Lab Skills                               |
| <input type="checkbox"/> Children's Hospital Critical Care Transport Team Skills | <input type="checkbox"/> Same Day Surgery OR/Pre-Op/PACU Skills             |
| <input type="checkbox"/> Emergency Adult Skills                                  | <input type="checkbox"/> Stroke Program Coordinator                         |
| <input type="checkbox"/> Emergency Pediatric Skills                              | <input type="checkbox"/> Student Nurse Extern Core Skills                   |
| <input type="checkbox"/> Emergency Traveler Skills                               | <input type="checkbox"/> University Birthing Center/Women's Pavilion Skills |

**UCDH Policy covering skill:**

**Elsevier Skill:**

Review [Elsevier Clinical Skills](#) to determine if one can be used in full or partial for skill.

**Title of Skill:**

**Submitted By:**

**Department:**

**Instructions:**

Review [Elsevier Clinical Skills](#) to determine if one can be used for skill.

Performance Criteria should be limited to the most important demonstrable skills that the preceptee should be verified as skilled at task.

For assistance in formulating performance verification criteria for skills, please contact CPPN Nurse Manager for consultation



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<b>Performance Criteria <i>Example</i></b>
References: UC Davis Health Policy 15002
Assure proper fit of halo vest and state problems of an improper fit.
Demonstrate the proper way to turn and position a patient in a halo vest.
Assure that vest wrench is attached to chest plate.
Demonstrate pin site care.

**Please complete information below with references and performance criteria.**

References Used
Performance Criteria

Submit request to [hs-cppn@ucdavis.edu](mailto:hs-cppn@ucdavis.edu)

