|  |  |
| --- | --- |
| Name: | PPS#: |
| **Unit:** | **Title:** |
| **PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UCDMC Policy and Procedure.** | |
| **Method of Instruction** | **Preceptor Verification of Skill: Method of Evaluation** |
| **CP**=Clinical Practice  **D**=Demonstration | **N/A**=Not applicable to specific patient care area  **O**=Observation (in clinical setting) |
| **ES**=Education Session  **OM**=Online Module | **OT**=Online Test  **RD**=Return Demonstration |
| **P**=Policy/ Procedure Review  **SP**=Study Packet | **T**=Written Test  **V**=Verbal |
| These skills will be considered complete when all below performance criteria are completed. Scan Document and email to: cppn@ucdmc.ucdavis.edu | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **References:** | **Method of Instruction:** Choose from above key | **Date** | **Initials of Preceptor or other verified personnel** | **Preceptor Validation of Skill: Method of Evaluation:** Choose from above key |
| 1. Verbalize weight capacity of the board. |  |  |  |  |
| 1. Verbalize understanding of the patient population equipment used for. |  |  |  |  |
| 1. Verbalize when/why to prompt patient. |  |  |  |  |
| 1. Demonstrate proper body mechanics using the 5 areas of body exposure. |  |  |  |  |
| 1. Demonstrate board placement and set up (wheelchair). |  |  |  |  |
| 1. Demonstrate process to apply board. |  |  |  |  |
| 1. Demonstrate proper transferring form. |  |  |  |  |
| 1. Demonstrate proper body mechanics with use of board placement/removal. Demo protective measures with 5 areas of body exposure. |  |  |  |  |
| 1. Verbalize proper board care. |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **SIGNATURE PAGE:** | | |
| **Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:** | | |
| Initial: | Print Name: | Signature: |
|  |  |  |
|  |  |  |

**PRECEPTEE STATEMENT AND SIGNATURE:**

|  |  |
| --- | --- |
|  |  |
| **Printed Name** | Signature Date |

I have read and understand the appropriate UCDMC Patient Care Standards, Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.