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| 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  |

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| **References:** 1.
 | **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 lift.
 |  |  |  |  |
| 1. Verbalize understanding of the patient population equipment used for.
 |  |  |  |  |
| 1. Demonstrate how to lock and unlock the wheels and replace the battery.
 |  |  |  |  |
| 1. Demonstrate use of hand controls and safety features – including emergency operations, battery light indicator, Mast Control buttons and Hand Control.
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| 1. Demonstrate the use and rational of the Power Positioning toggle switch (only for 4point clip attachment)
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| 1. Demonstrate inspection of the sling and clips/loops prior to use.
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| 1. Demonstrate how to exchange the 4-point system to 2-point bar
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| 1. Demonstrate process to apply slings.
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| 1. Apply a sling to the patient in a supine position, verify loops are positioned properly, hook it the lift, lift from the floor, transfer to a chair and remove the sling.
 |  |  |  |  |
| 1. Using 2-point loop hanger bar, demonstrate utilization of turn straps, multi straps and repositioning sheet for turning, limb holding and positioning in bed.
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| 1. Demonstrate proper body mechanics with use of lift and sling placement/removal.
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| 1. Demo protective measures with 5 areas of body exposure.
 |  |  |  |  |
| 1. Verbalize proper sling care.
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| **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.