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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  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. Demo knowledge of the weight capacity.
 |  |  |  |  |
| 1. Demonstrate appropriate operation functions of lift. (ex. Break usage)
 |  |  |  |  |
| 1. Verbalize the patient population for the use of this equipment.
 |  |  |  |  |
| 1. Demonstrate how to explain the lift procedure to the patient.
 |  |  |  |  |
| 1. Demonstrate positioning patient in proper start position.
 |  |  |  |  |
| 1. Demonstrate proper standing cueing and patient execution.
 |  |  |  |  |
| 1. Demonstrate correct procedure transferring patient to and from areas.
 |  |  |  |  |
| 1. Demonstrate correct positioning of patient during transfer (ex. Knees, feet, supportive aid...)
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| 1. Verbalize how to clean equipment between patient use
 |  |  |  |  |

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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.