

# Clinical Decline/Skills Competency Fair Participant Checklist FY19

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_

Employee ID \_\_\_\_\_ Unit: \_\_\_\_\_

CTA-C, OR-CST, OR-ST, Radiology techs, PT, OT, Speech therapy,  
Sleep Study/Neurodiagnostic, IR technologist, Resp Therapy, MHT, MA, PCT, other job codes as assigned

**Staff will show skill competency within their job role.** This competency checklist includes Adult, Pediatric and Neonatal Populations. Reviewers please circle specific populations when applicable.

Required for:	Station	Reviewer Initials*
All Staff (+clinics with Crash carts)	<b>Defib/AED Only</b>	
All Staff(+clinics with Crash carts)	<b>Ambu/Chest Compressions Adult, Pediatric and/or Neonatal</b>	
All Staff(+clinics with Crash carts)	<b>Suction</b>	
All Staff (No clinics, NICU or OR)	<b>Restraints</b>	
All Staff (no clinics)	<b>Stroke Protocol Pre/Post Test</b>	
All Staff (Within Role)	<b>Mock Code Simulation (According to the population served) Adult, Pediatric and/or Neonatal</b>	<b>Validator Initials:</b>

Reviewer Name/initials \_\_\_\_\_/\_\_\_\_\_

Credentials: \_\_\_\_\_

Reviewer Name/initials \_\_\_\_\_/\_\_\_\_\_

Credentials: \_\_\_\_\_

Reviewer Name/initials \_\_\_\_\_/\_\_\_\_\_

Credentials: \_\_\_\_\_

**Mock Code Validator**

Validator Name/Initials \_\_\_\_\_/\_\_\_\_\_

Credentials: \_\_\_\_\_

Participants: Remember to check out at registration desk after completing all required stations.

**Keep this sheet and bring to your Mock Code Simulation Scheduled Class**

*\*indicates participant demonstrated COMPETENCY.*