

## TRANSCEND MEDICAL SERVICE TECHNICIAN SKILLS SHEET

Name: \_\_\_\_\_

**INSTRUCTIONS:** Complete this skill sheet. Feel free to use the "comments" section to state type of equipment with which you have experience and other pertinent skills you possess.

**Skill Level Legend:**      1 =              No contact w/equipment or this situation. No knowledge of procedure.

2 = Understand procedure and situation but never performed task.

3 = Have performed this task infrequently and would need supervision.

4 = Have performed this task frequently and can perform independently.

For competency testing review skills of staff and grade accordingly.

**Legend:**                      E = Excellent

S = Satisfactory

N = Needs Improvement

N/A = Not Applicable

◆ Competency testing should be completed on an annual basis.

	SKILL LEVEL				Skills	
	1	2	3	4	Review	
TOPIC						COMMENTS
Delivery and Set-up Procedures						
Good Driving Record (No Accidents)						
Infection Control Procedures						
Home Environment Safety						
Basic Reimbursement						
Accident Reporting						
Universal Precautions						
On-Call Procedures						
Proper Lifting Techniques						
Communication Skills						
Verbal						
Written						
EQUIPMENT						
Operational/Care/Safety Guidelines						
O <sub>2</sub> systems Compressed gas)						
LOX						
Concentrators						
Respiratory Equipment:						
Suction Machines						
Medication Nebulizers						
Continuous Passive Motion Devices						
Hospital Beds / APP or Egg Crate						

Mattresses							
Wheelchairs / Cushions							
Lifts/Traction/Trapeze							
Walk Aids/Bath Aids							
Oxygen Conservers							
Equipment Tracking							
Equipment Preventative Maintenance							
List Equipment:							
_____							
_____							

Repair of Equipment							
Other							
_____							
_____							

**COMMENTS (any additional skills):**

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reviewed by: \_\_\_\_\_ **Date:** \_\_\_\_\_