

Age Specific Competencies checklist:

You, as a _____, will be responsibly for having an appropriate staff member countersign the following to document a minimum level of competency for performing age criteria interactions when performing any examination not of a STAT nature.

- Score: (1) Unable to perform assessment independently.
 (2) Able to perform assessment without supervision.
 (3) Able to instruct assessment procedure to new associate.

TODDLER 2-5 YRS

Date completed: _____

- | | | | | |
|----|--|---|---|---|
| 1. | Explain procedure to parent/guardian prior to assessment. | 1 | 2 | 3 |
| 2. | Explain your actions to the patient before starting. | 1 | 2 | 3 |
| 3. | Give clear and distinct instructions. | 1 | 2 | 3 |
| 4. | Speak at eye level with the toddler in a calm voice. | 1 | 2 | 3 |
| 5. | Use language the child may understand. | 1 | 2 | 3 |
| 6. | Use appropriate accessories for toddler's size and mobility. | 1 | 2 | 3 |
| 7. | DO NOT leave toddler unattended. | 1 | 2 | 3 |

CHILD 5-9 YRS

Date completed: _____

- | | | | | |
|----|--|---|---|---|
| 1. | Educate parents/guardian prior to the assessment. | 1 | 2 | 3 |
| 2. | Explain procedure to the patient. | 1 | 2 | 3 |
| 3. | Allow for questions and answers before the assessment. | 1 | 2 | 3 |
| 4. | Provide for modesty when possible. | 1 | 2 | 3 |
| 5. | Use appropriate accessories for child's size and mobility. | 1 | 2 | 3 |
| 6. | DO NOT leave a child unattended. | 1 | 2 | 3 |
| 7. | Do not force child to have assessment. | 1 | 2 | 3 |

ADOLESCENT 10-16 YRS

Date Completed: _____

- | | | | | |
|----|---|---|---|---|
| 1. | Explain procedure in correct understanding terminology. | 1 | 2 | 3 |
| 2. | Educate parent/guardian prior to assessment. | 1 | 2 | 3 |
| 3. | Encourage interactions with the patient. | 1 | 2 | 3 |
| 4. | Do not force the patient to have/continue with the assessment. | 1 | 2 | 3 |
| 5. | Maintain privacy. | 1 | 2 | 3 |
| 6. | Plan for a safe/comfortable environment. | 1 | 2 | 3 |
| 7. | Use accessories appropriate for the size/mobility of the patient. | 1 | 2 | 3 |
| 8. | Stay within sight of the patient whenever possible. | 1 | 2 | 3 |
| 9. | Address the patient by name. | 1 | 2 | 3 |

ADULT 17-65 YRS.

Date Completed: _____

- | | | | | |
|----|--|---|---|---|
| 1. | Provide education regarding the assessment. | 1 | 2 | 3 |
| 2. | Explain in correct understandable terminology any questions. | 1 | 2 | 3 |
| 3. | Provide accessories appropriate to the patients size and mobility. | 1 | 2 | 3 |
| 4. | Address the patient by last name per policy. | 1 | 2 | 3 |
| 5. | Maintain patient modesty. | 1 | 2 | 3 |
| 6. | Remain in sight of the patient whenever possible. | 1 | 2 | 3 |
| 7. | Interact with the patient frequently. | 1 | 2 | 3 |
| 8. | Do not force patient to have/continue assessment. | 1 | 2 | 3 |

AGE SPECIFIC COMPETENCIES CHECKLIST: (CONT)

GERIATRIC 65 YRS (PLUS)

Date Completed: _____

- | | | | | |
|----|---|---|---|---|
| 1. | Provide education regarding the assessment. | 1 | 2 | 3 |
| 2. | Address patient per hospital policy. | 1 | 2 | 3 |
| 3. | Maintain privacy of patient. | 1 | 2 | 3 |
| 4. | Remain in sight whenever possible. | 1 | 2 | 3 |
| 5. | Interact frequently with the patient. | 1 | 2 | 3 |
| 6. | Only speak loudly when a known hearing impairment exists. | 1 | 2 | 3 |
| 7. | Allow patient to dictate their mobility. | 1 | 2 | 3 |
| 8. | Do not force patient to have/continue assessment. | 1 | 2 | 3 |

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE