

Train the Trainer Checklist

PROVIDER NAME _____

DATE _____

NAME OF TRAINEE _____

TITLE _____

Train the Trainer Objectives

At end of session provider trainers will be able to:

1. Discuss evaluation criteria in selecting patients to use the E-Pacer
2. Identify key safety components of E-Pacer use
3. Complete a skills demonstration on the use of the E-Pacer and accessories
4. Demonstrate sufficient knowledge and competency of the E-Pacer and accessories to provide training

I have participated in a Train the Trainer Session and completed the above items as checked including a return skills demonstration of the E-Pacer and accessories.

TRAINER SIGNATURE

TITLE

DATE

Train the Trainer Components

The following were completed during the workshop:

- Review of Patient Evaluation Criteria
- Review of key safety components of the E-Pacer
- Skills demonstration and hands on practice with the E-Pacer and accessories
- Other: _____

Train the Trainer Competency Demonstration

- Seated transfer with thigh straps
- Seated transfer with thigh straps and seat strap
- Sit to stand transfer
- Supported ambulation with pelvic support

I have observed a return demonstration of the E-Pacer and E-Pacer accessories from the named provider trainer and have found the named trainer to be competent in knowledge and skills to operate and teach use of the E-Pacer and E-Pacer accessories for the above indicated procedures.

TRAINER SIGNATURE

DATE

Train the Trainer Skills

Correctly identified and demonstrated use of all E-Pacer parts and accessories:

- Body support system
- Color coded clips
- Battery and charger
- Emergency stop
- Emergency lowering
- Caster functions
- Ankle prompts
- Thigh straps
- Scale
- Pelvic support
- Hip positioner
- Forearm supports
- Up/Down switch
- Odometer